

Name
in
Full

William Anderson

CERTIFICATE OF DEATH

Died at Annapolis ^{Town} A-a- ^{County} MARYLAND

Date of death 1910 ^{Month} Feb ^{Day} 11 ^{Years} 32 ^{Months} — ^{Days} —

Sex Male Color or Race Colord Birth-place Annapolis

Occupation Laborer Where Residing if not at place of death 27 Goffs Court

Married, Single or Widowed Single Name of Wife or Husband —

Father's Name Richard Anderson Father's Birthplace Annapolis

Mother's Maiden Name Sarah Cooper Mother's Birthplace Annapolis

Name of person giving Information Sarah C. Butler How related to deceased Mother

Barnes Hill.

CAUSES OF DEATH

(120)

Dr. Ridout

Primary Nephritis How long Months

Immediate Nemia Exhaustion How long Gradual

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

John Ridout
Annapolis
Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Lawrence Barber

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

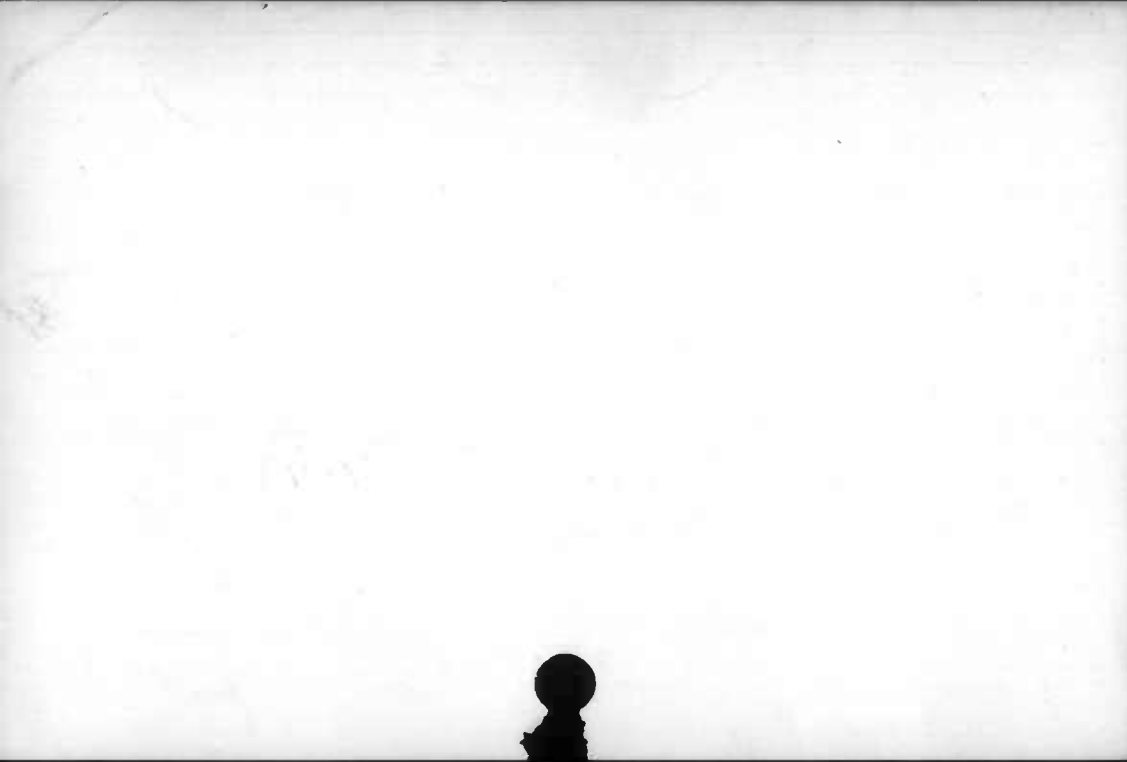
Died at <i>near Glenburnie</i>		County <i>Anne Arundel</i>		MARYLAND	
Date of death	19 <i>60</i>	Month <i>Feb</i>	Day <i>27</i>	Age	Years <i>3</i> Months <i>5</i> Days
Sex <i>Male</i>	Color or Race <i>Colored</i>	Birth-place <i>Baltimore Md</i>			
Occupation		Where Residing if not at place of death <i>Resided at place of death</i>			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>George Barber</i>		Father's Birthplace <i>Baltimore Md</i>			
Mother's Maiden Name <i>Ethel Queen</i>		Mother's Birthplace <i>Anne Arundel Md</i>			
Name of person giving Information <i>Zetide Queen</i>		How related to deceased <i>Grandfather</i>			

CAUSES OF DEATH

103

PHYSICIAN
OR CORONER

Primary	<i>Acute Indigestion</i>	How long	<i>2 days</i>
Immediate	<i>Convulsions</i>	How long	<i>10 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Dr R Winkler</i>	
Address <i>Hanover Maryland</i>			
Accident or Suicide <input checked="" type="checkbox"/>			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>John L Beard</i>		Town <i>Annapolis</i>		County <i>St</i>		State <i>MARYLAND</i>	
Died at <i>Annapolis</i>		Month <i>Feb</i>		Day <i>24</i>		Year <i>1901</i>	
Date of death <i>1901</i>		Month <i>Feb</i>		Day <i>24</i>		Age <i>30</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birthplace <i>St Leo Ma</i>			
Occupation <i>Lumberman</i>		Where Residing if not at place of death <i>St Leo Ma</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Carrie L Beard</i>					
Father's Name <i>Edward L Beard</i>		Father's Birthplace <i>St Leo Ma</i>					
Mother's Maiden Name <i>Guerra Barber</i>		Mother's Birthplace <i>St Leo Ma</i>					
Name of person giving Information <i>Guerra Beard</i>		How related to deceased <i>Mother</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

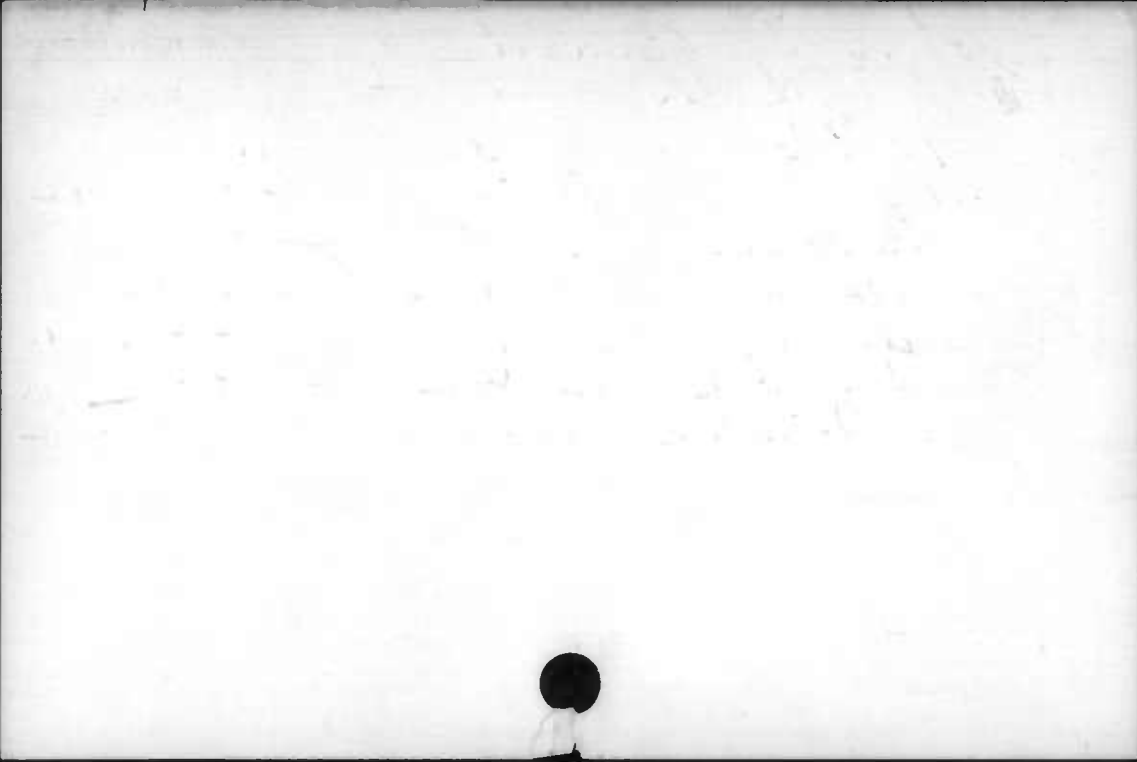
Primary <i>Pneumonia</i>	How long <i>93</i> <i>1, 20 R</i>
Immediate	How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide



Name
in
Full

Martha Virginia Beazley

CERTIFICATE OF DEATH

Town

Churchton

County

Anne Arundel

MARYLAND

Died at

Date

of death

1900

Feb

20th

Age

36

Months

4

Days

7

Sex

Female

Color or
Race

White

Birth-
place

Anne Arundel Co.

Occupation

Housewife

Where Residing if not
at place of death

—

Married, Single
or Widowed

Married

Name of
Husband

Ellis S. Beazley

Father's
Name

William Phipps

Father's
Birthplace

A.R.C.

Mother's
Maiden Name

Mary Elizabeth Ashby

Mother's
Birthplace

A.A.C.

Name of person giving
Information

Ellis S. Beazley

How related
to deceased

Husband

CAUSES OF DEATH

79

Primary

Mitral Insufficiency,

How long

3 years +

Immediate

Acute Dilation of R. Ventricle

How long

76 hours.

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

F. R. W. Wilson,

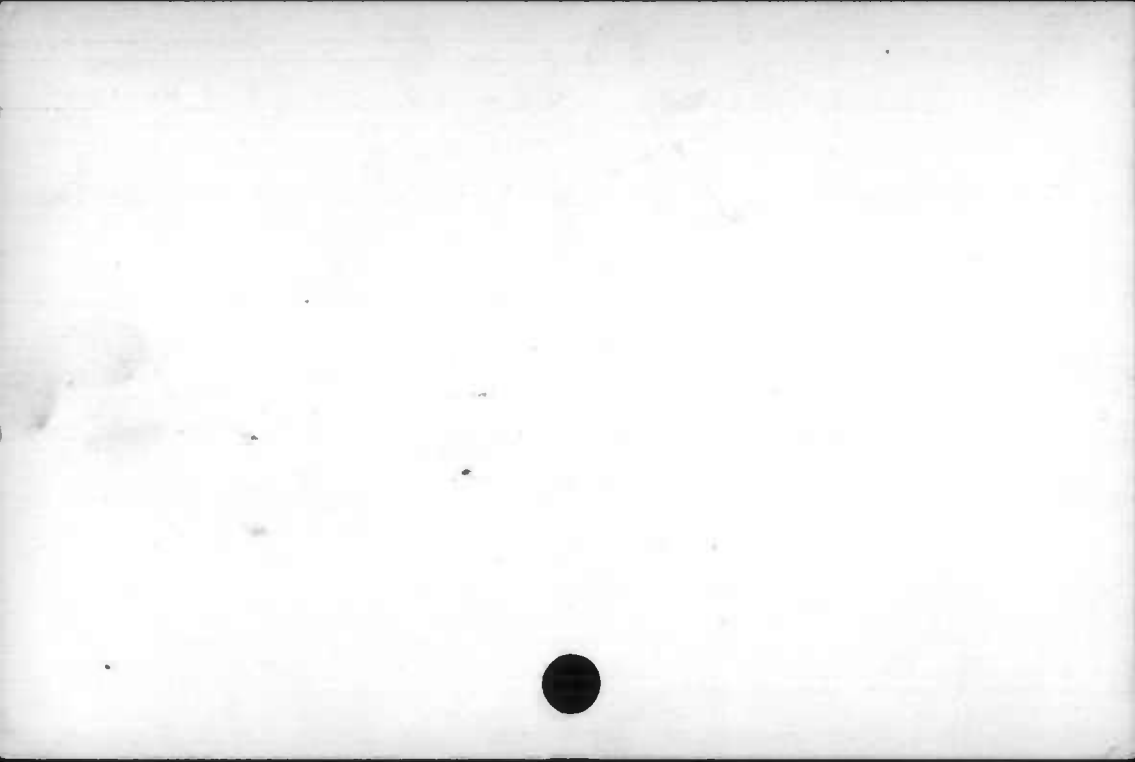
Address

Churchton A.A.C.

Md.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Name *Emily Bell*
Died at *Eastport* *a-a-* County

Date of death *190* *Feb* *20* Age *64* Months *—* Days *—*

Sex *Female* Color or Race *Colored* Birthplace *South River*

Occupation *Domestic* Where Residing if not at place of death *East Port*

Married, Single or Widowed *Widow* Name of Wife or Husband *Henry Bell*

Father's Name *unknown* Father's Birthplace *Ad Co. Md*

Mother's Maiden Name *Emily Smith* Mother's Birthplace *South River*

Name of person giving Information *Nannie, S. Murray* How related to deceased *Daughter*

John Wesley Church Cemetery

CAUSES OF DEATH

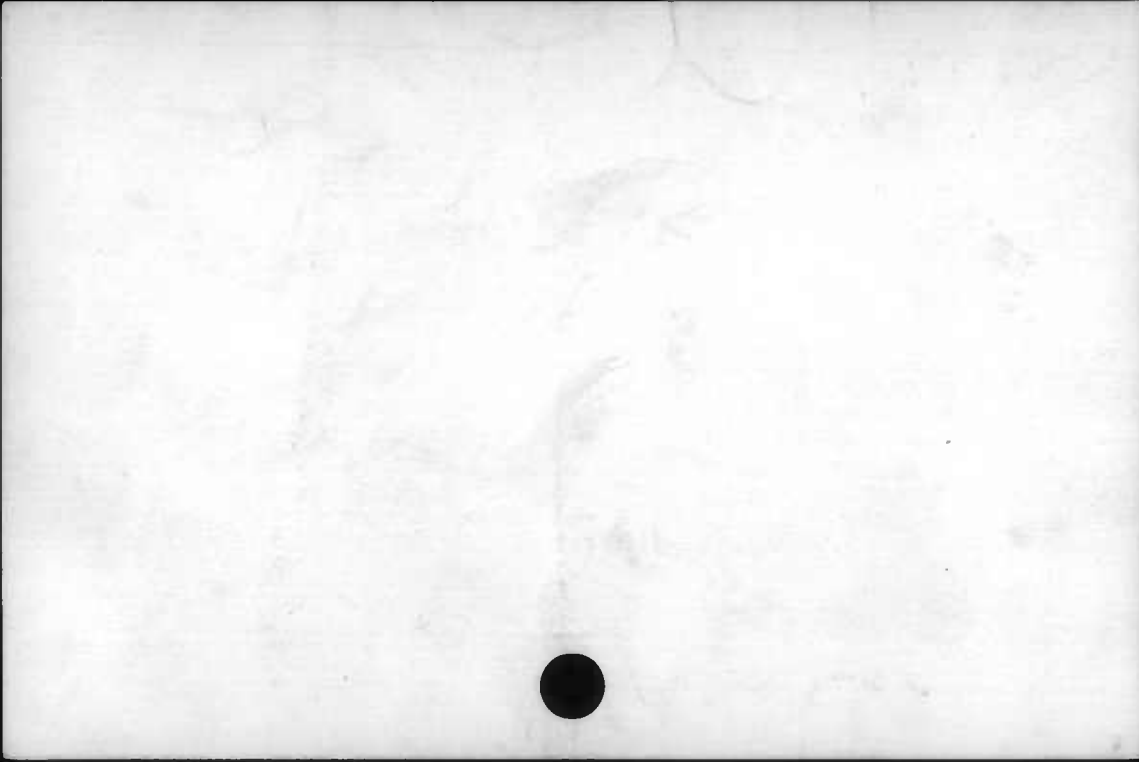
Primary *Cerebral Hemorrhage* How long *Several days*

Immediate *(64)* How long *John Ridout*

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *John Ridout*

Accident or Suicide *yes* Address *Annapolis Md*

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

Catherine Boozé.

MARYLAND

Died at Annapolis

County An - a - 1

Date of death 1960 Feb. 15

Age 1

Months 0 +

Days -

Sex Female

Color or Race

Colord

Birth-place

Annapolis

Occupation

un

Where Residing if not at place of death

149 South Street

Married, Single or Widowed

Single

Name of Wife or Husband

-

Father's Name

Rufus Boozé.

Father's Birthplace

Annapolis

Mother's Maiden Name

Lizzie Barry

Mother's Birthplace

Annapolis

Name of person giving Information

Lizzie B Boozé

How related to deceased

Mother

Asbury.

CAUSES OF DEATH

Primary

Capillary Bronchitis

How long

Several days

Immediate

Apnoea

How long

Gradual

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

John Ridout Md

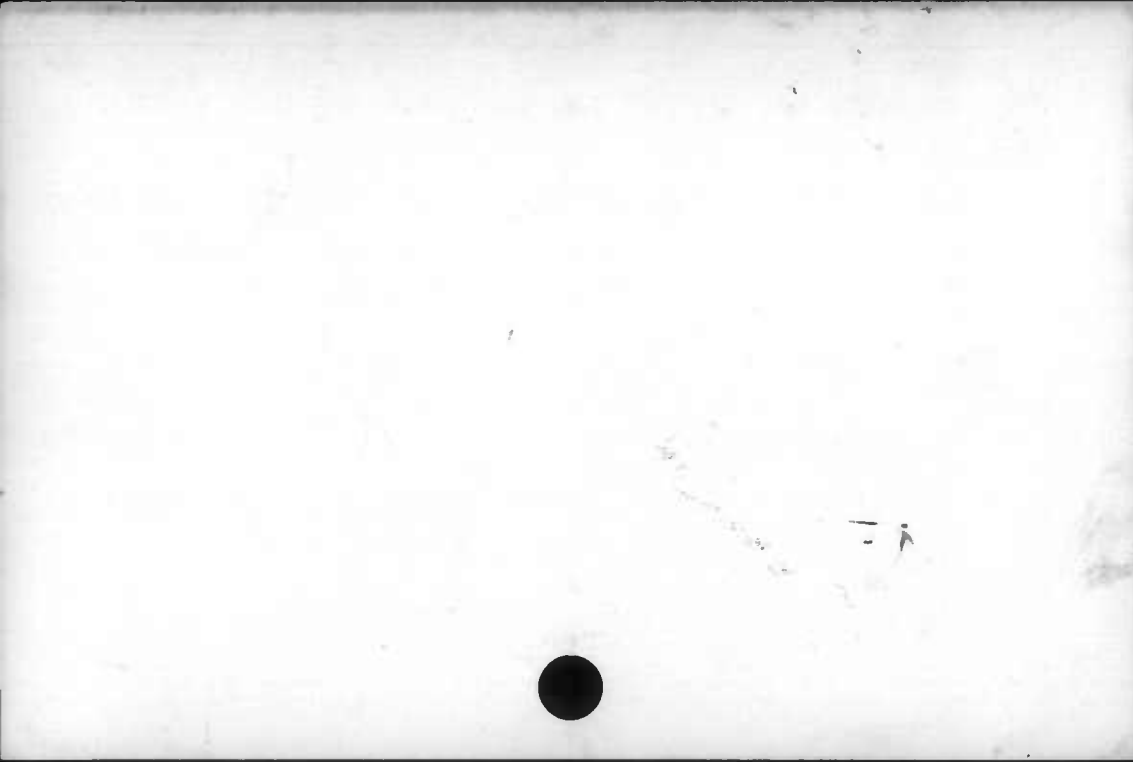
Address

Annapolis Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

Manie Brunt

MARYLAND

Died at *Cumbersville* Town *a a* County

Date of death *1900* Month *July* Day *11* Age *1* Years Months *2* Days

Sex *Female* Color or Race *colored* Birth-place *A. A. Bond*

Occupation Where Residing if not at place of death *Cumbersville*

Married, Single or Widowed *—* Name of Wife or Husband *Louise Brunt*

Father's Name *Unknown* Father's Birthplace *unknown*

Mother's Maiden Name *Louise Brunt* Mother's Birthplace *A. A. Bond*

Name of person giving Information *Moses Brunt* How related to deceased *Grand father*

CAUSES OF DEATH

Primary *Pertussis* How long *8 wks*

Immediate *Broncho Pneumonia* How long *9 days*

Are the name, age, sex, color, date and place correctly given above? *yes*

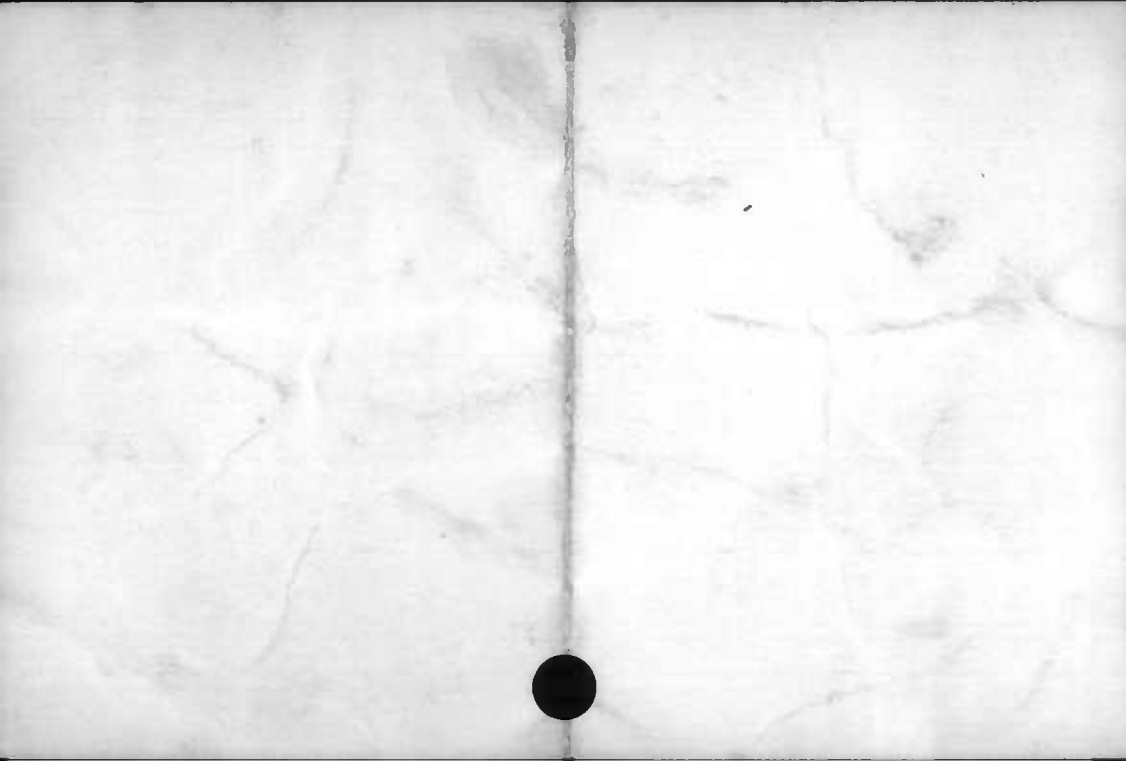
Signature of Physician *William Wood MD*

Address *West River Md*

Accident or Suicide *mother*

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Ethel Brooks

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

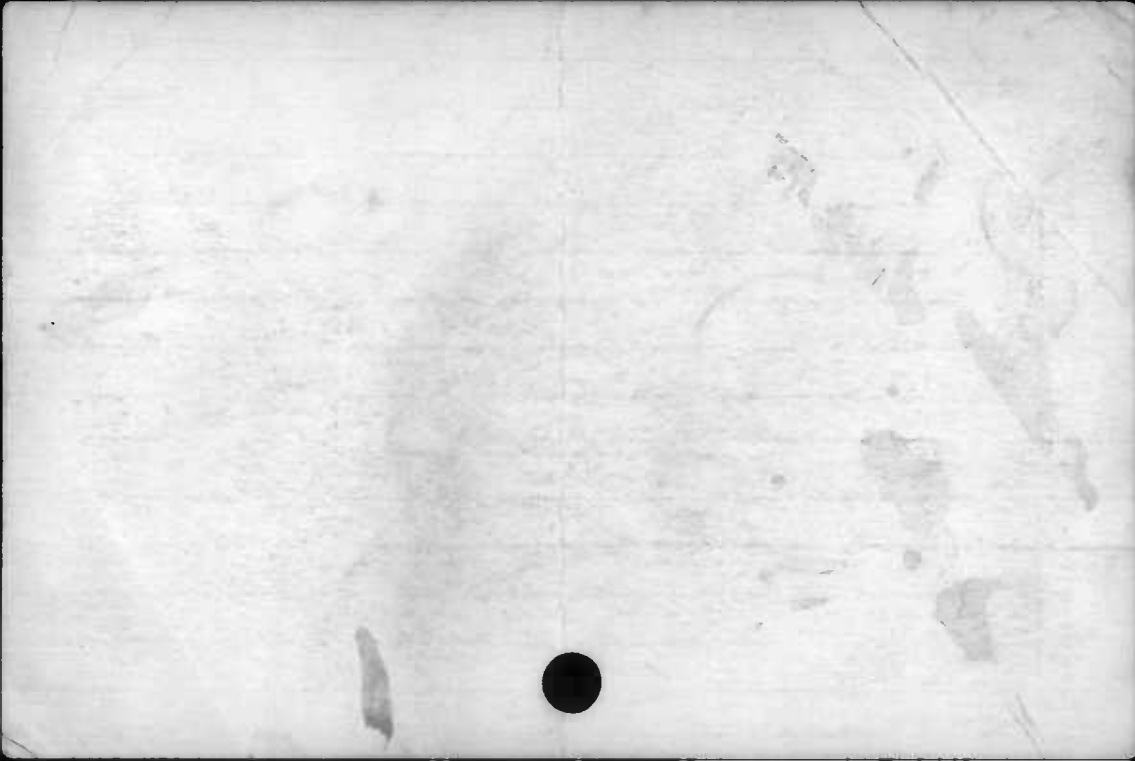
Died at		Town Bardonia		County a		MARYLAND	
Date of death		1900	Month Feb	Day 6	Age 8	Years	Months Days
Sex Female		Color or Race Black		Birth- place Baltimore			
Occupation				Where Reiding if not at place of death Bardonia			
Married, Single or Widowed		Name of Wife or Huaband					
Father's Name		Mack Brooks				Father's Birthplace Baltimore	
Mother's Maiden Name		Mary E. Brooks				Mother's Birthplace a	
Name of person giving Information		Edward Hopkins				How related to deceased Uncle	

CAUSES OF DEATH

8

PHYSICIAN
OR CORONER

Primary	Whooping Cough	How long	6 weeks
Immediate	Convulsion	How long	48 hrs
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		B. R. Davidson	
		Address Bardonia	
Accident or Suicide		M	



TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Date of death	Month	Day	Age	Years	Months	Days
1901	2	21			2	15

Occupation	Where Residing if not at place of death
<i>in bank</i>	

Father's Name	Andrew Brooks -	Father's Birthplace	Massachusetts
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Mother's Maiden Name *Mary E. Longue* — Mother's Birthplace *"V"*

Name of person giving Information	Mary E. Bourne -	How related to deceased	Mother -
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CAUSES OF DEATH

How long

Immediate

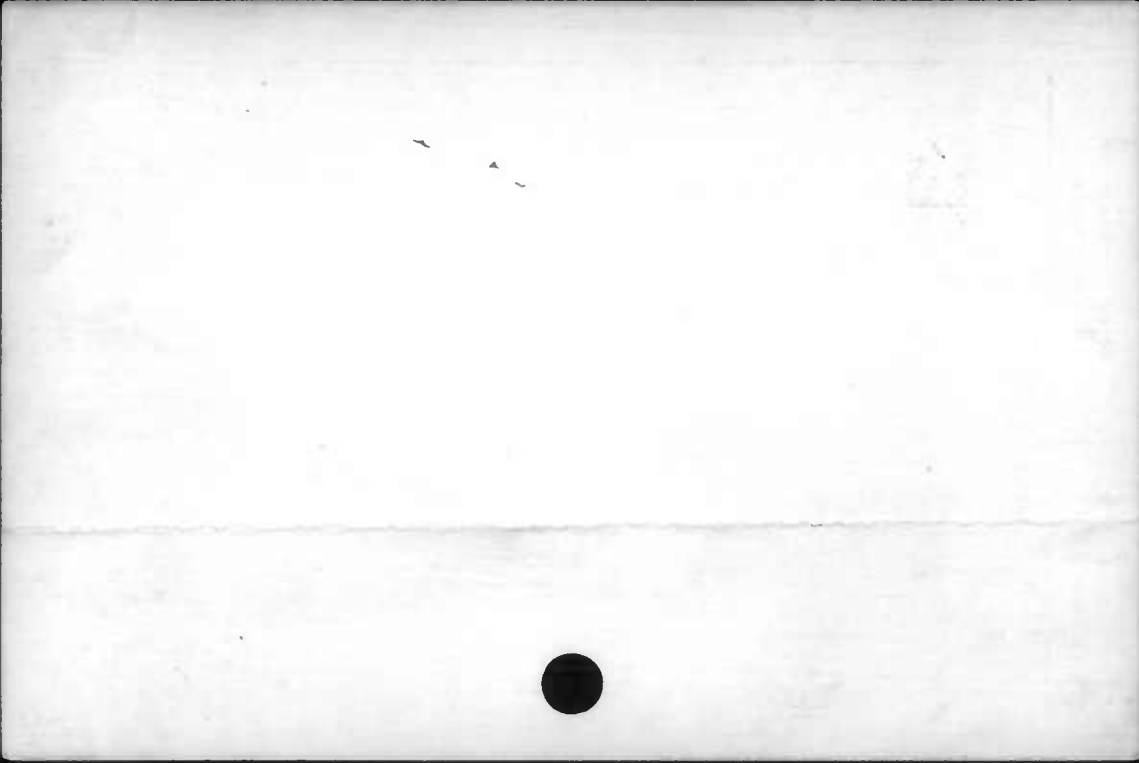
How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician _____

Address _____

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Date

of death

1900

Month

Feb.

Day

10

Age

Years

Months

16 Days

Sex

Female

Color or
Race

Colored

Birth-
place

Germantown

Occupation

unknown.

Where Residing if not
at place of death

Germantown

Married, Single
or Widowed

Single

Name of Wife or
Husband

unknown

Father's
Name

Wm Brooks.

Father's
Birthplace

West River

Mother's
Maiden Name

Rasie Froot

Mother's
Birthplace

West River

Name of person giving
Information

Wm Brooks

How related
to deceased

Father

asbury Cent.

CAUSES OF DEATH

Primary

Congenital Loue's
Exhaustion

How long

Since Birth

Immediate

How long

Gradual

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

John Ridout, M.D.
Annapolis
Md

Accident or Suicide

PHYSICIAN
OR CORNER

JH Dennis

92 West St

Name
in
Full

Ann Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Bristol		Anne Arundel		MARYLAND						
Date of death		1900	Month	Feb.	Day	10 th	Age	60	Months	—	Days	—
Sex		Female		Color or Race		Colored		Birthplace		Near Bristol Md		
Occupation		House-keeper		Where Residing if not at place of death		—						
Married, Single or Widowed		Single Widowed		Name of Wife or Husband		John Brown		Father's Birthplace		✓		
Father's Name		John Conway		Mother's Maiden Name		Eliza Bias		How related to deceased		Son		
Name of person giving Information		Charles Brown										

CAUSES OF DEATH

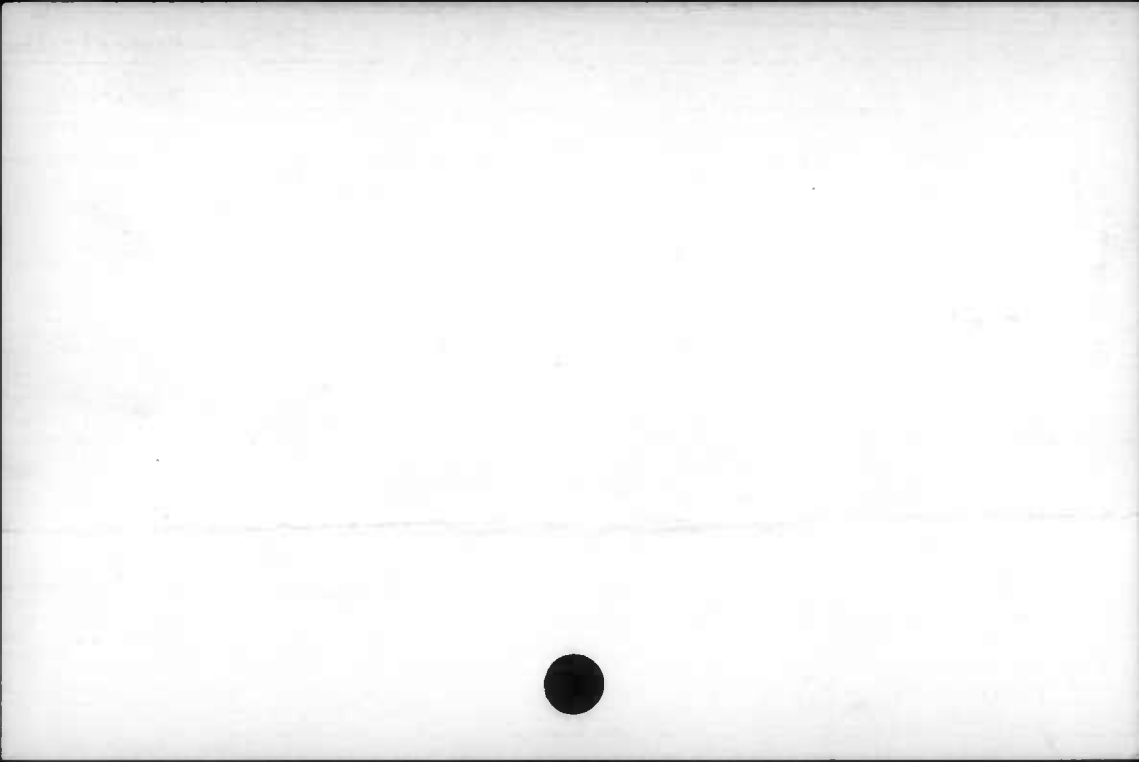
120

PHYSICIAN
OR CORONER

Primary		How long	
Immediate		How long	
Are the name, age, sex, color, data and place correctly given above?		Signature of Physician	
		Address	
Accident or Suicide			

Chronic Parenchymatous Nephritis

Irving DeChauncy M.D.
Bristol, Md.



Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Edith Thomey Cadell
Town County

Died at *Annapolis St. St.*

MARYLAND

Date of death *1900 Feb 13* Age *37*

Months Days

Sex *Female* Color or Race *White* Birth-place *Annapolis*

Occupation *House wife* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *William Thos Cadell*

Father's Name *Chas N. Taylor* Father's Birthplace *Annapolis Md*

Mother's Maiden Name *Jane Rebecca Nichols* Mother's Birthplace *A. A. Co. Md*

Name of person giving Information *William Thos Cadell* How related to deceased *Husband*

CAUSES OF DEATH

(99)

Primary *Pneumonia* How long *2 days*

Immediate *Hyperpyrexia* How long *5 hours*

Are the name, age, sex, color, date and place correctly given above? *Yes.*

Signature of Physician *S. B. H. H. H.* Address *Annapolis Md*

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Benny L Carr

Died at ^{Town} *Charlottesville* ^{County} *Albemarle*

MARYLAND

Date of death 19*20* ^{Month} *Feb* ^{Day} *17* ^{Years} *55* Age *55*

^{Months} *June* ^{Days} *—*

Sex *Male* Color or Race *White*

Birth-place *about 6, and*

Occupation *Farmer*

Where Residing if not at place of death *—*

Married, Single or Widowed *Married* Name of Wife or Husband *Margaret Carr*

Father's Name *Benjamin Carr*

Father's Birthplace *Unknown*

Mother's Maiden Name *Mary Childs*

Mother's Birthplace *Unknown*

Name of person giving Information *Margaret Carr*

How related to deceased *Wife*

CAUSES OF DEATH

27 ✓

Primary *Pulmonary Tuberculosis*

How long *Not known*

Immediate *Cardiac, saturated*

How long *1 week*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Walton H Hopkins M.D.*

Address *Annapolis Md*

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

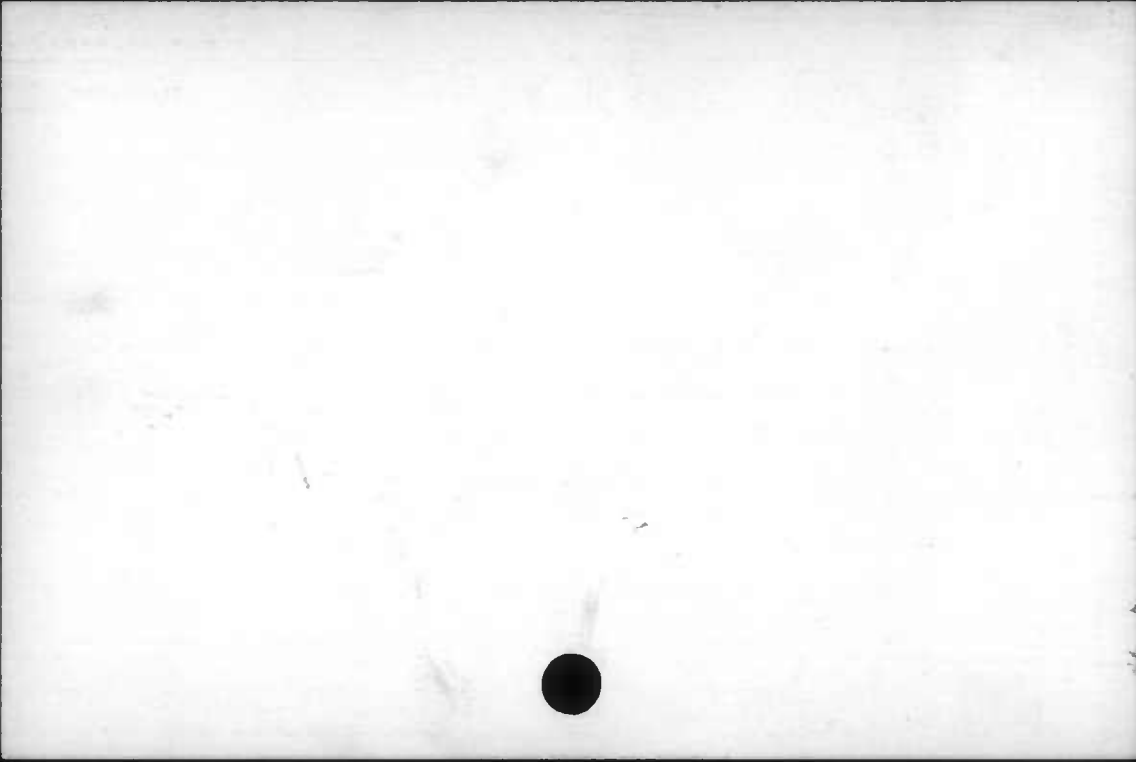
Died at <i>Joseph Cephus</i>		Town <i>Jacobsville</i>		County <i>Anne Arundel</i>		MARYLAND		
Date of death <i>1980</i>	Month <i>Feb</i>	Day <i>17</i>	Age <i>36</i>	Years	Months	Days		
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Anne Arundel Co</i>					
Occupation <i>Truck Farmer</i>		Where Residing if not at place of death						
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Henrietta Cephus</i>							
Father's Name <i>Joseph Cephus</i>		Father's Birthplace <i>Snow Hill, Md.</i>						
Mother's Maiden Name <i>Eliza Pack</i>		Mother's Birthplace <i>Anne Arundel Co</i>						
Name of person giving Information <i>Columbus Kess</i>		How related to deceased <i>Friend</i>						

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>One year</i>
Immediate <i>Heart Failure</i>	How long <i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>James S. Billingslee</i>
	Address <i>Elrator Md.</i>
Accident or Suicide <i>No</i>	



Name
in
Full

Mildred Elaine Cherry
Town County

CERTIFICATE OF DEATH

Died at Annapolis md A. A. Co

MARYLAND

Date of death 1960 Month Feb Day 23 Age 1 Months Days 3 dy

Sex Female Color or Race Dark red Birthplace Annapolis md

Occupation _____ Where Residing if not at place of death 38 Washington St

Married, Single or Widowed single Name of Wife or Husband _____

Father's Name George Cherry Father's Birthplace Annapolis md

Mother's Maiden Name Perdella Henson Mother's Birthplace Annapolis md

Name of person giving Information Perdella Henson How related to deceased mother

CAUSES OF DEATH

Primary Acute Bronchitis How long 4 days
Immediate Apnoea How long Immediate

Are the name, age, sex, color, date and place correctly given above? Yes

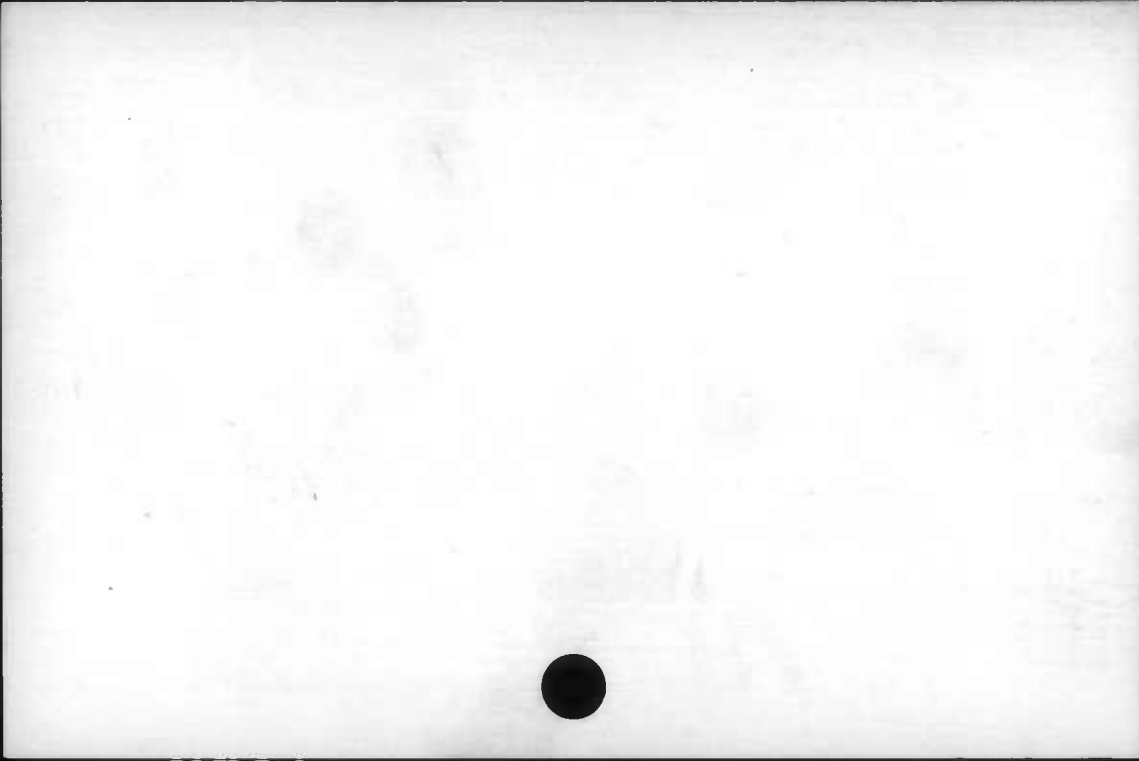
Signature of Physician Ambrose Garcia

Address 34 Second St

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name in Full		James Thomas Collins				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Severn</u> Town		County <u>Anne Arundel</u>		MARYLAND		
		Date of death <u>1900</u>		Month <u>2</u>	Day <u>14</u>	Years <u>48</u>	Months <u>7</u>	Days
		Sex <u>male</u>		Color or Race <u>Colored</u>		Birth-place <u>Virginia</u>		
		Occupation <u>Night track walker</u>		Where Residing if not at place of death <u>Woodwardsville</u>				
		Married, Single or Widowed <u>married</u>		Name of Wife or Husband <u>Mamie Collins</u>				
		Father's Name <u>Not Known</u>				Father's Birthplace <u>Not Known</u>		
		Mother's Maiden Name <u>Not Known</u>				Mother's Birthplace <u>Not Known</u>		
		Name of person giving information <u>James Thomas Collins</u>				How related to deceased <u>Son</u>		
		CAUSES OF DEATH				<div style="border: 1px solid black; border-radius: 50%; padding: 5px; display: inline-block;">166</div> <div style="border: 1px solid black; border-radius: 50%; padding: 5px; display: inline-block; margin-left: 20px;">175</div>		
OR CORONER		Primary <u>Killed on Rail road</u>				How long		
		Immediate <u>Immediate</u>				How long		
		Are the name, age, sex, color, date and place correctly given above? <u>yes</u>				Signature of Physician <u>Lester P. Disney Coroner</u>		
						Address <u>Odenton P.O.</u>		
		Accident or Suicide <u>accident</u>				<u>Anne Arundel Co Md.</u>		



Name
in
Full

Infant Conner?

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Annapolis* Town *a--a--* County *✓*
Date of death *190* Month *Feb.* Day *24* Age *—* Years *—* Months *—* Days *—*
Sex *Male.* Color or Race *Colord* Birth-place *Annapolis*
Occupation *—* Where Residing if not at place of death *82 Charles Street*

Married, Single or Widowed *—* Name of Wife or Husband *—*
Father's Name *John Conner* Father's Birthplace *Norfolk. Va*
Mother's Maiden Name *Clara Johnson Conner* Mother's Birthplace *Annapolis*
Name of person giving Information *Clara Conner* How related to deceased *Mother*

St Ann's. Camd.

CAUSES OF DEATH

Primary *Still Born.* How long *8* ✓

Immediate How long

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician

Address

Accident or Suicide *No.*

PHYSICIAN
OR CORONER

P. J. Lee
600 Central St
Annapolis

J. H. Drummis
92 West -

Name
in
Full

Still Born

Cooper

CERTIFICATE OF DEATH

Town

County

Died at

Annapolis

A.A. Lee M.D.

MARYLAND

Date

of death

1900

Month

Feb

Day

1900

Age

Years

Months

Days

TO BE ANSWERED BY
NEAREST FRIEND

Sex

Male

Color or
Race

Colored

Birth-
place

Annapolis

Occupation

Unknown

Where Residing if not
at place of death

711 Q. West St

Married, Single
or Widowed

Single

Name of Wife or
Husband

Unknown

Father's
Name

A. Cooper

Father's
Birthplace

Port Deposit, Md

Mother's
Maiden Name

Alice Smith

Mother's
Birthplace

Annapolis

Name of person giving
Information

Martha Smith

How related
to deceased

Grand Mother

CAUSES OF DEATH

Primary

Still Born

How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

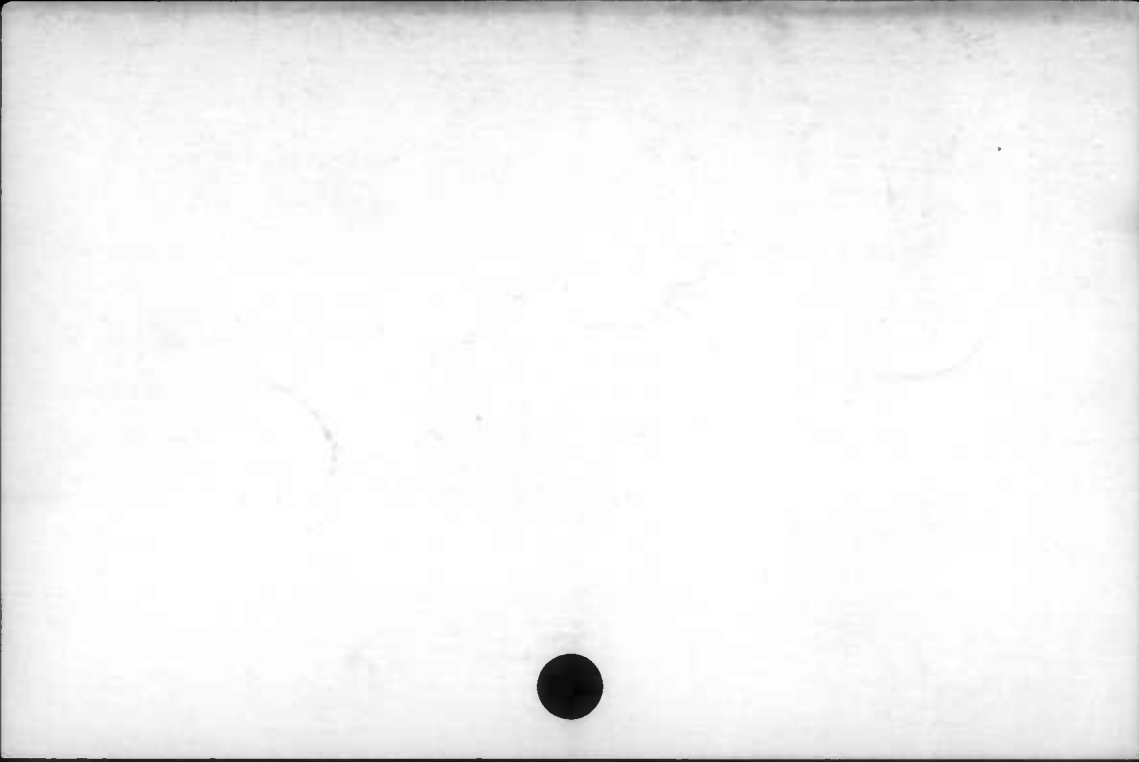
J. M. Welch H.O.

Address

Annapolis

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

Pearl V. Crooner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

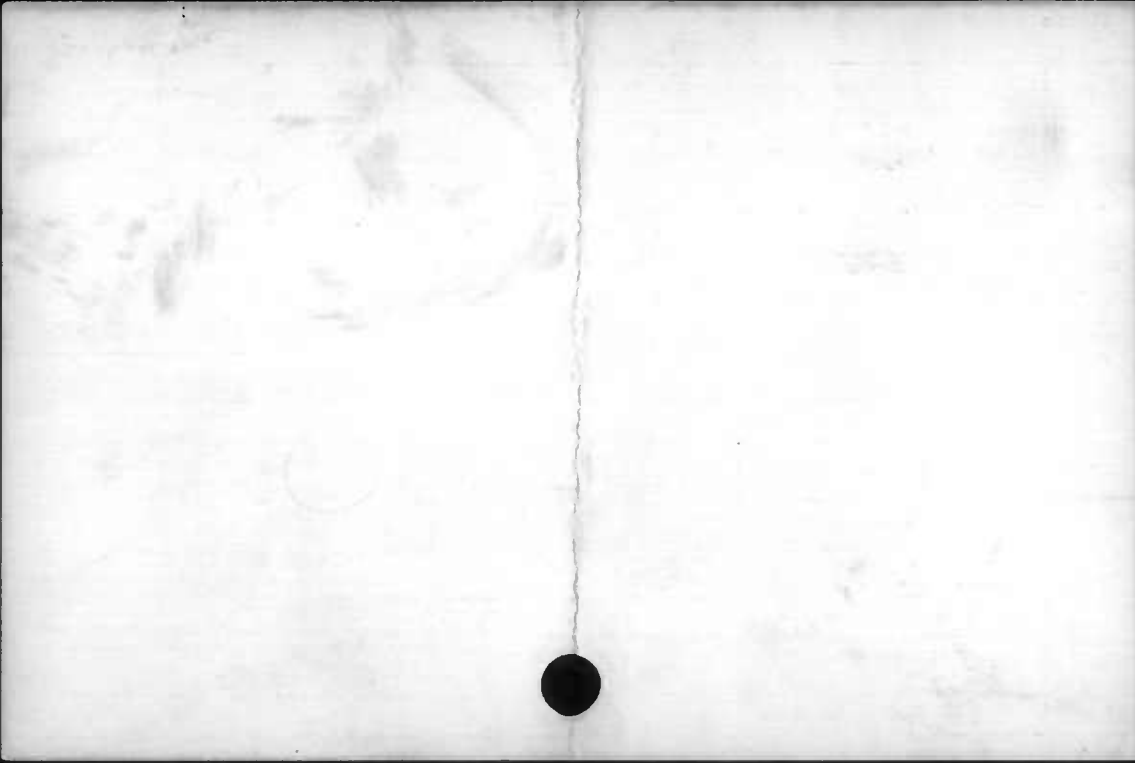
Died at		Town		County	
Yelloways		aa		aa	
Date of death		Month	Day	Years	Months
1940		July	3	Age	2
Sex	female	Color or Race	Color	Birth place	aa bond
Occupation				Where Residing if not at place of death	Yelloways
Married, Single or Widowed	Name of Wife or Husband		Robt Crooner		
Father's Name	Robt Crooner		Father's Birthplace	aa bond	
Mother's Maiden Name	Eleanor Davis		Mother's Birthplace	aa bond	
Name of person giving Information	Wm Crooner		How related to deceased	Uncle	

CAUSES OF DEATH

8

PHYSICIAN
OR CORONER

Primary	Pertussis	How long	1 Month
Immediate	Respiratory Failure	How long	3 days
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		William Crooner M.D.	
Address		Crown River	
Accident or Suicide		Neither	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Portland* Town *Anne Arundel* County *MARYLAND*
Date of death 190*10* Month *Feb* Day *11* Age *—* Years *—* Months *—* Days *2*
Sex *male* Color or Race *colored* Birth-place *Portland*
Occupation *—* Where Residing if not at place of death *—*
Married, Single or Widowed *—* Name of Wife or Husband *—*

Father's Name *Winters Daily* Father's Birthplace *Maryland*
Mother's Maiden Name *Annie McCellan* Mother's Birthplace *Maryland*
Name of person giving Information *Thos E McCellan* How related to deceased *uncle*

CAUSES OF DEATH

Primary *premature birth* How long *151* ✓
Immediate *Exhaustion* How long *2 days*

Are the name, age, sex, color, date and place correctly given above?

yes

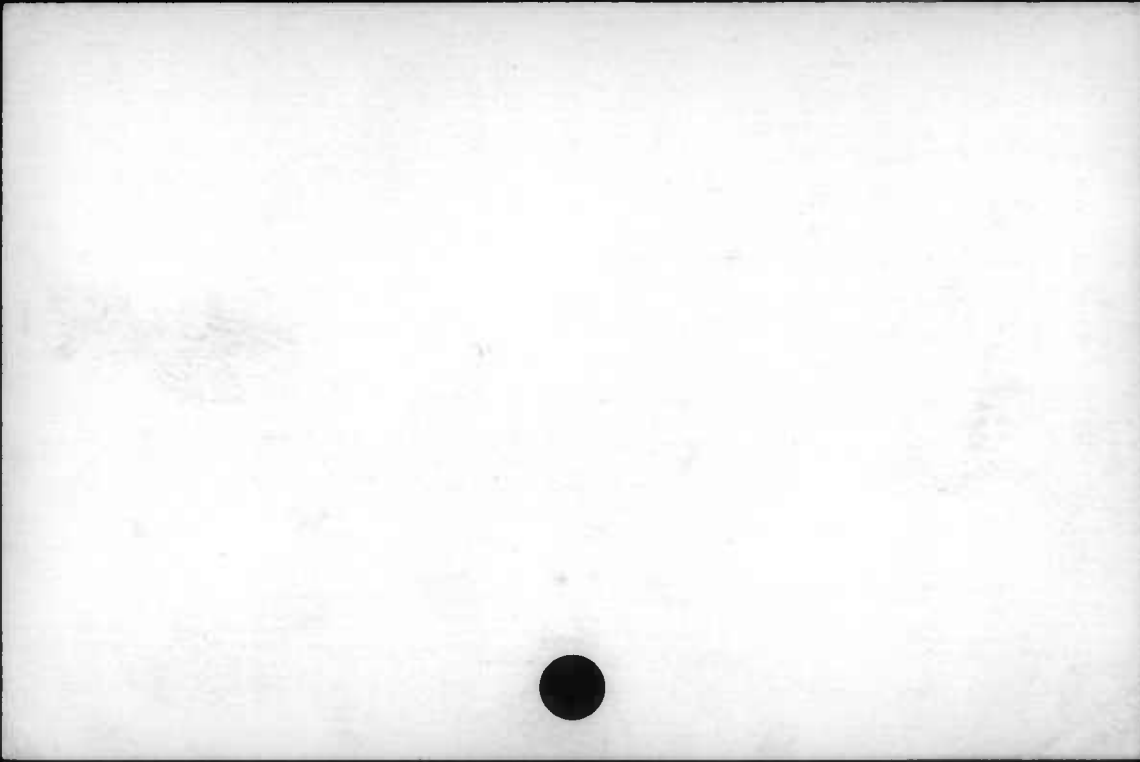
Signature of Physician

Address

O J McCellan
Odenton Md.

Accident or Suicide

PHYSICIAN
OR CORNER



Name
in
Full

Emma Davis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

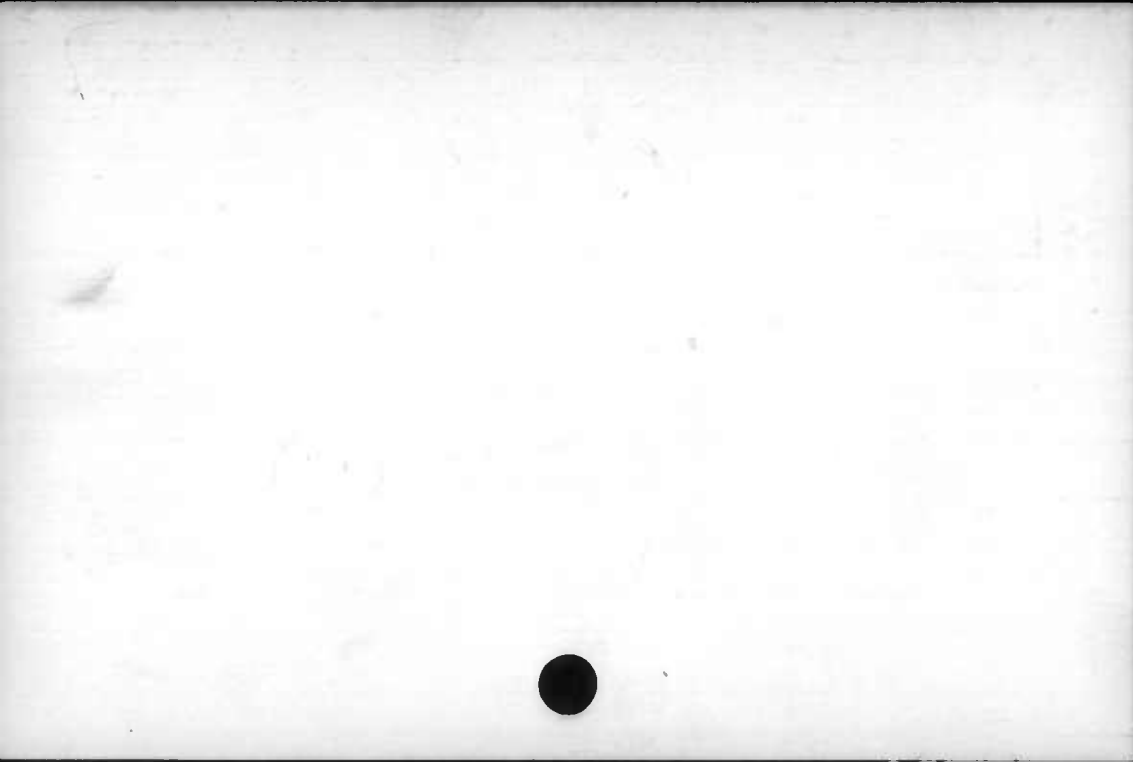
Died at		Town Dandemille		County A. A.		MARYLAND	
Date of death 1900		Month Feb	Day 17	Age 58	Months —	Days —	
Sex Female		Color or Race Colored		Birth-place A. A. Co			
Occupation Housewife		Where Residing if not at place of death					
Married, Single or Widowed Single		Name of Wife or Husband Emory Davis					
Father's Name Isaac Brown		Father's Birthplace					
Mother's Maiden Name Betty T Brown		Mother's Birthplace					
Name of person giving Information Husband		How related to deceased Husband					

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary	Grippe	How long	4 weeks
Immediate	Confinement - Heart failure	How long	—
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		B. R. Dandemille	
Address		Dandemille, Md.	
Accident or Suicida			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at

Date

of death

Zippora Seale

Town

Seale

County

A. A.

Month

1910 Feb.

Day

3

Years

Age 65

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

Md

Occupation

Housekeeper

Where Residing if not
at place of death

—

Married, Single
or Widowed

Single

Name of Wife or
Husband

—

Father's
Name

James Seale

Father's
Birthplace

Md

Mother's
Maiden Name

Margaret Evans

Mother's
Birthplace

Md

Name of person giving
Information

F. A. Leatherbury

How related
to deceased

Nephew

CAUSES OF DEATH

Primary

Angina Pectoris

How long

2 years

Immediate

Angina Pectoris

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
PhysicianGeo. T. Sent
Churchton

Address

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Henretta Deshields

CERTIFICATE OF DEATH

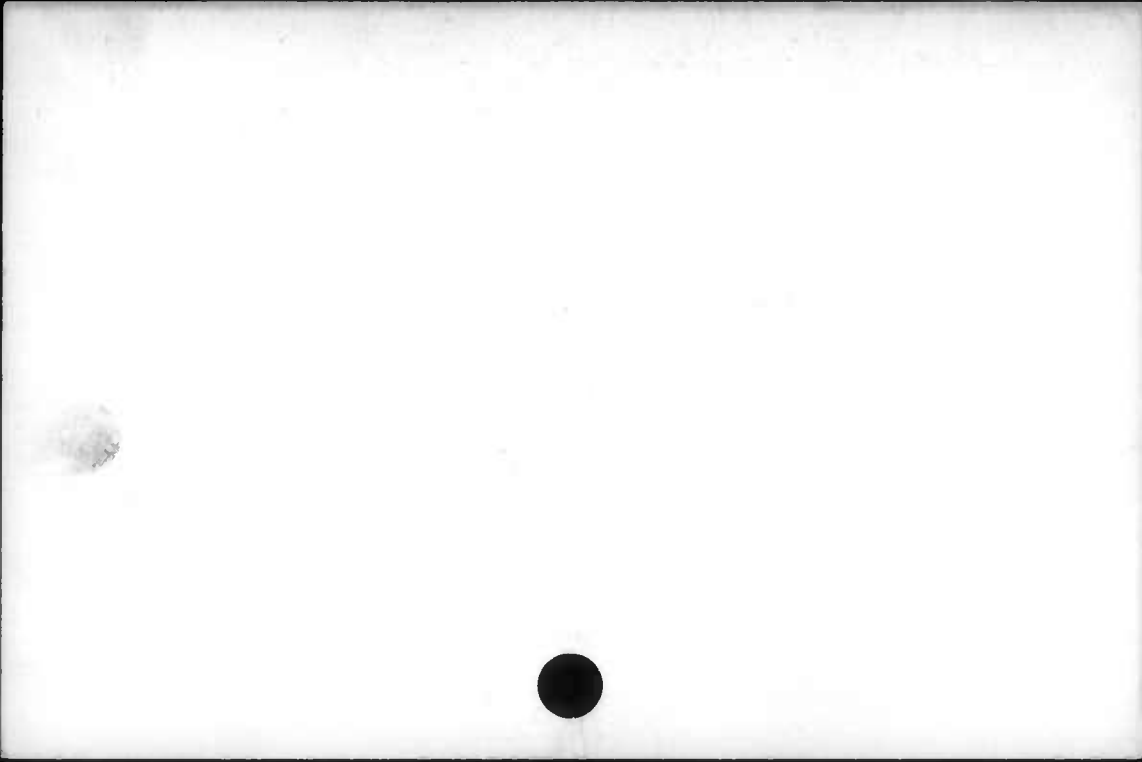
TO BE ANSWERED BY
NEAREST FRIEND

Died at *Shady Side* *Q. A.* County
Date of death *1960* *Feb* *1* Day *75* Age *75* Months *-* Days *-*
Sex *Female* Color or Race *White* Birth-place *Ind*
Occupation *Housewife* Where Residing if not at place of death *-*
Married, Single or Widowed *Widow* Name of Wife or Husband *John Deshields*
Father's Name *Mr Rittenhouse* Father's Birthplace *Unknown*
Mother's Maiden Name *Miss Sandburg* Mother's Birthplace *Unknown*
Name of person giving Information *John Deshields* How related to deceased *Step son*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Paralysis* *66* How long *5* Days
Immediate *Pulmonary Embolism* How long *3* Days
Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *Geo T. Dent*
Address *Churchton*
Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

David A Dunn

Town

County

MARYLAND

Died at Annapolis

Anne Arundel

Date

of death

1940

Month

Feb.

Day

4

Age

39

Years

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Kentucky

Occupation

Bricklayer

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Carrie Dunn

Father's
Name

Andrew Dunn

Father's
Birthplace

Kentucky

Mother's
Maiden Name

Unknown

Mother's
Birthplace

Unknown

Name of person giving
Information

Carrie Dunn

How related
to deceased

Wife

CAUSES OF DEATH

27

Primary

Pulmonary Tuberculosis.

How long

Not known

Immediate

Cardiac Asthenia.

How long

2 Weeks

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Walton Hopkins M.D.

Address

Annapolis Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

THE UNIVERSITY
OF CHICAGO



Name
in
Full

CERTIFICATE OF DEATH

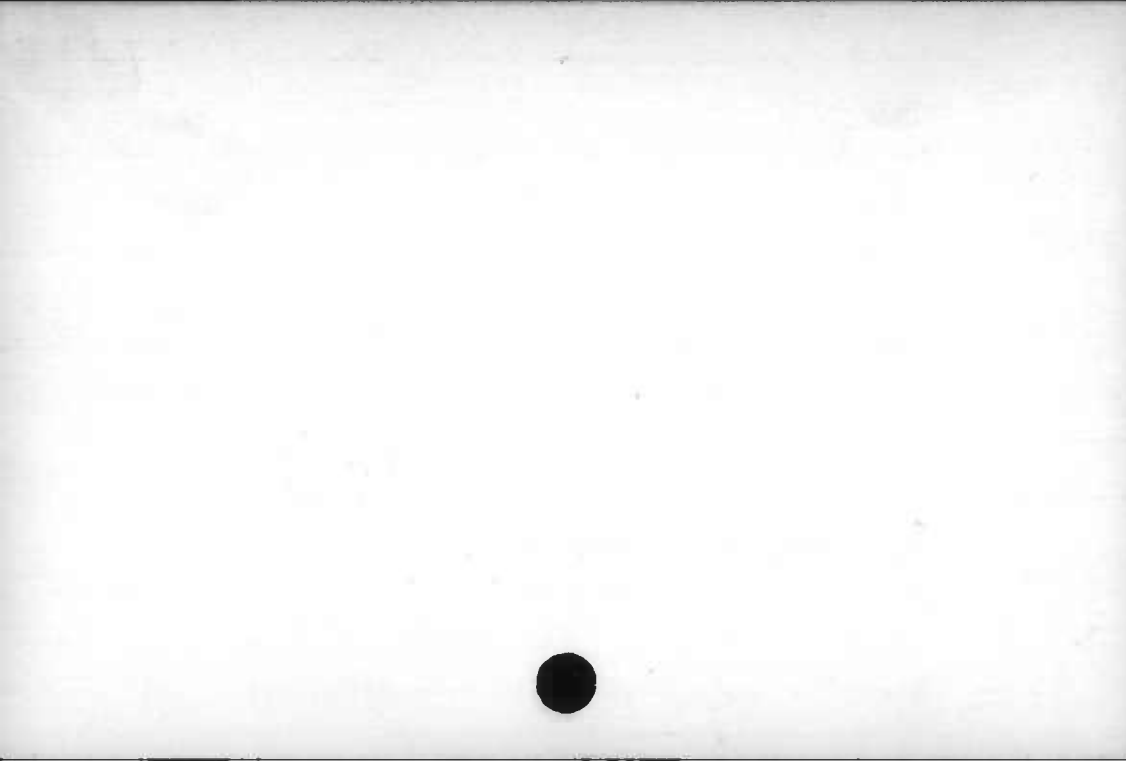
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1960		Dec.	11 th	24			
Sex	male	Color or Race	white	Birth-place	Unknown		
Occupation	Machinist			Where Residing if not at place of death			
Married, Single or Widowed	Single			Name of Wife or Husband			
Father's Name	Unknown			Father's Birthplace			
Mother's Maiden Name	Unknown			Mother's Birthplace			
Name of person giving Information	Eus Shanbrot			How related to deceased			
			Friend				

CAUSES OF DEATH

Primary	A & B women cut open by being caught in a belt at car works		How long	unknown
Immediate	Internal Hemorrhage		How long	45 minutes
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	John P. Potee Coroner
			Address	Brooklyn A A C Mid
Accident				

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

Geo. Eareckson

Town

County

MARYLAND

Died at

Sudley

A.A.

Date

1900 Feb

Day

9

Age

66

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Md

Occupation

Retired Soldier

Where Residing if not
at place of death

—

Married, Single
or Widowed

Widower

Name of Wife or
Husband

Unknown

Father's
Name

Federal Eareckson

Father's
Birthplace

Unknown

Mother's
Maiden Name

Unknown

Mother's
Birthplace

Unknown

Name of person giving
Information

Florence Ford

How related
to deceased

Niece

CAUSES OF DEATH

Primary

Valvular Disease of Heart

How long

Unknown

Immediate

Congestion of Lungs

How long

2 Days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

Geo. T. Lusk
Churilton

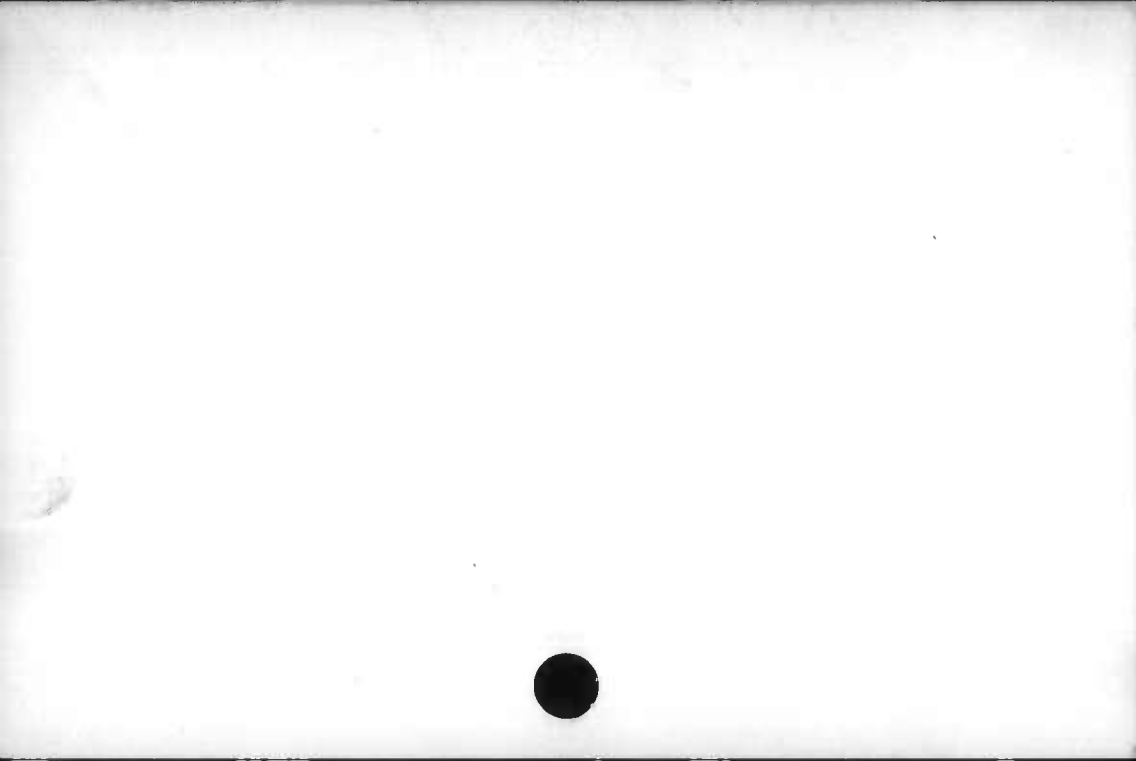
Accident or Suicide

—

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

79



Name
in
Full

Edward J Ecchles

CERTIFICATE OF DEATH

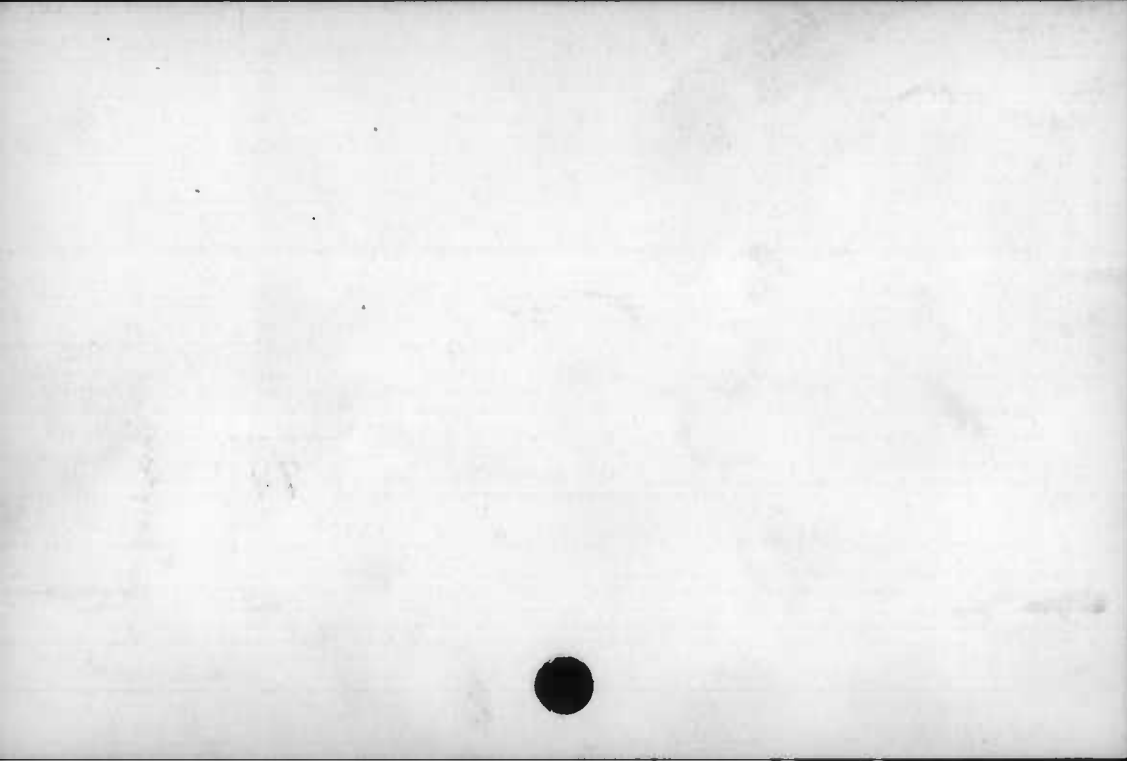
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Eastport</i> ^{Town}		<i>Anne Arundel</i> ^{County}		MARYLAND	
Date of death	<i>1960</i> ^{Month}	<i>4</i> ^{Day}	Age <i>25</i> ^{Years}	<i>1</i> ^{Months}	<i>—</i> ^{Days}
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Occupation <i>Engineer</i>		Where Residing if not at place of death <i>Balto. Md</i>			
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>none</i>				
Father's Name <i>James Ecchles</i>			Father's Birthplace <i>unknown</i>		
Mother's Maiden Name <i>Cordellia Holey</i>			Mother's Birthplace <i>Maryland</i>		
Name of person giving information <i>Augustus Wayson</i>			How related to deceased <i>Friend</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Mitral Regurgitation</i>	How long <i>79</i> ^{years}
Immediate <i>dilatation heart</i>	How long <i>2 or 3 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Oliver Purvis</i>
	Address <i>Annapolis Md</i>
Accident or Suicide? <i>no</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

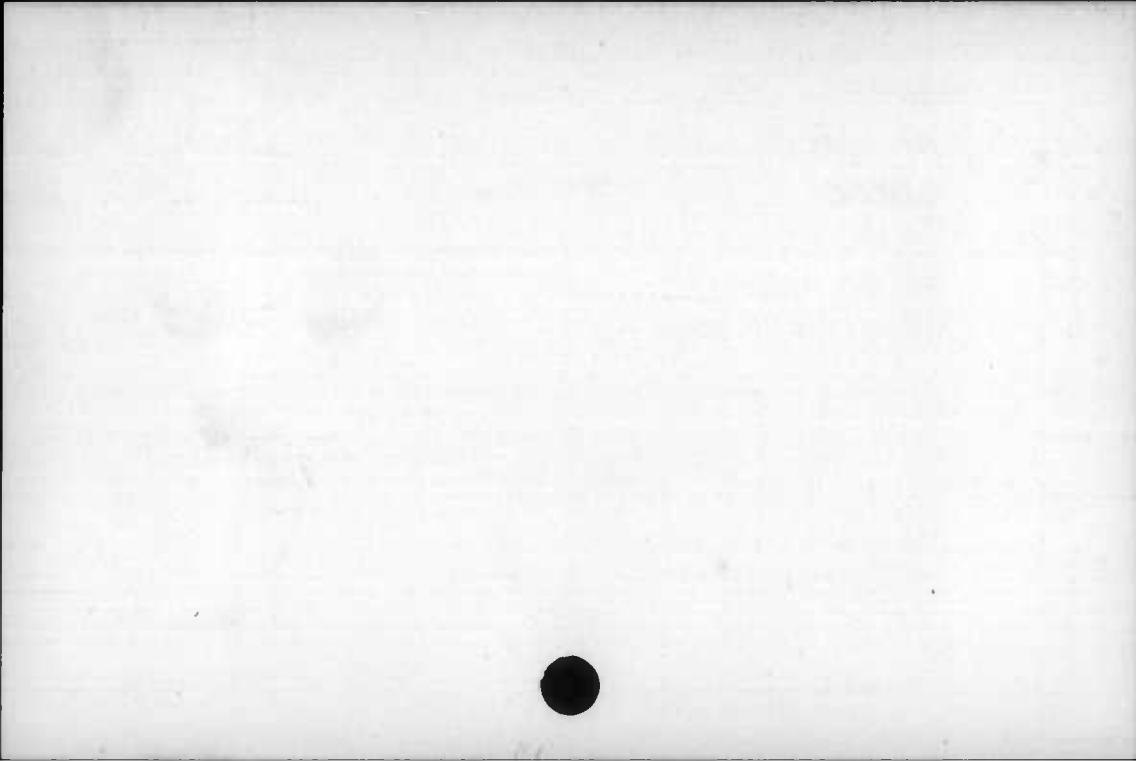
Name <i>Thomas G Gaither</i>		Town <i>Marley</i>		County <i>Anne Arundel</i>		MARYLAND					
Died at		Month <i>Feb</i>		Day <i>15</i>		Years <i>4</i>		Months <i>4</i>		Days	
Date of death		<i>1910</i>		Age <i>4</i>		Color or Race <i>African</i>		Birth- place <i>A.A.C.</i>			
Sex <i>male</i>		Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>							
Married, Single or Widowed <i>single</i>		Name of Wife or Husband <i>—</i>									
Father's Name <i>Thomas Gaither</i>		Father's Birthplace <i>A.A.C.</i>									
Mother's Maiden Name <i>Minerva Wellhams</i>		Mother's Birthplace <i>A.A.C.</i>									
Name of person giving In formation <i>James Gaither</i>		How related to deceased <i>Uncle</i>									
CAUSES OF DEATH											

PHYSICIAN
OR CORONER

Primary		How long	
Immediate <i>Marasmus</i>		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Thomas W. Braxshaw</i>	
		Address <i>Glenn Burnie</i>	
Accident or Suicide?			



Name in Full		Earnest Gaspin				CERTIFICATE OF DEATH							
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town		County		MARYLAND						
	Died at		Germantown		Ht. Co.								
	Date of death	1900	Month	Feb	Day	12th	Age	Years	1	Months	3	Days	
	Sex	Male		Color or Race	colored		Birth-place						
	Occupation	Child			Where Residing if not at place of death								
	Married, Single or Widowed				Name of Wife or Husband								
	Father's Name	John Gaspin				Father's Birthplace	Virginia						
Mother's Maiden Name	Priscilla Robinson				Mother's Birthplace	Ht. Co. Md							
Name of person giving information	John Gaspin				How related to deceased	Father							
<div>CAUSES OF DEATH</div> <div> <div>Primary</div> <div>Capillary Bronchitis</div> <div>How long</div> <div>5 or 6 days</div> </div> <div> <div>Immediate</div> <div>Apnoea</div> <div>How long</div> <div>Gradual</div> </div>													
PHYSICIAN OR CORONER	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		John Ridout, M.D.						
	Yes				Address		Annapolis Md						
	Accident or Suicide?												



Name
in
Full

William M. Gibson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Greenock ^{Town} Anne Arundel ^{County} **MARYLAND**

Date of death 1980 ^{Month} Feb. ^{Day} 24 ^{Years} 42 ^{Months} 6 ^{Days} 9

Sex Male Color or Race White Birth-place Ind.

Occupation Farmer Where Residing if not at place of death _____

Married, Single or Widowed Married Name of Wife or Husband Agnes Gibson

Father's Name Richard Gibson Father's Birthplace Ind.

Mother's Maiden Name Barbara Patterson Mother's Birthplace Ind.

Name of person giving Information Richard Gibson How related to deceased Father

CAUSES OF DEATH

Primary Pneumonia 93 ^{How long} 8 days

Immediate _____ ^{How long} _____

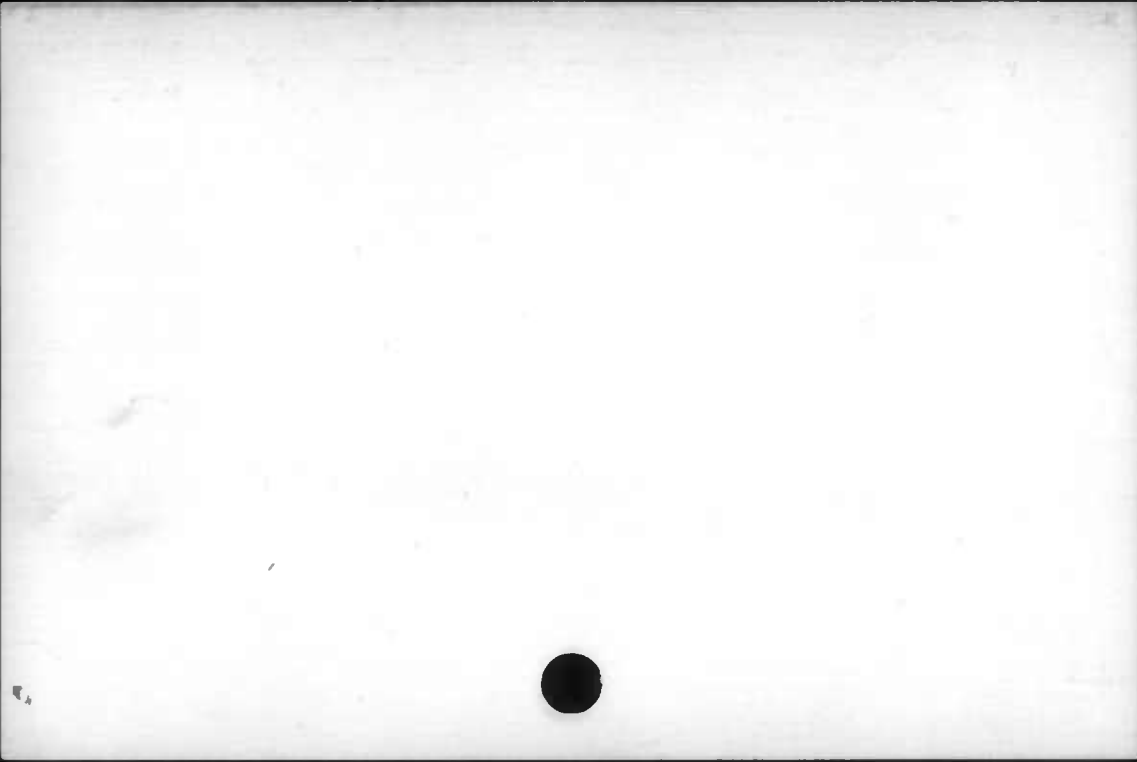
PHYSICIAN
OR CORONERAre the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician

Address

A. H. Perrie
McLendree, Ind.

Accident or Suicide



Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Benjamin Goodrich
Town *Annapolis* County *Anne Arundel* MARYLAND

Died at *Annapolis*

Date of death 190 *20* *July* *2* *1907* *72*
Month Days Years

Sex *Male* Color or Race *Colored* Birthplace *St Marys Co Md*

Occupation *Farming* Where Residing if not at place of death *44 Washington St*

Married, Single or Widowed *Married* Name of Wife or Husband *Harlowe Goodrich*

Father's Name *William Goodrich* Father's Birthplace *St Marys Md*

Mother's Maiden Name *Mary Ann West* Mother's Birthplace *" "*

Name of person giving Information *David Goodrich* How related to deceased *Son*

CAUSES OF DEATH

119

PHYSICIAN
OR CORONER

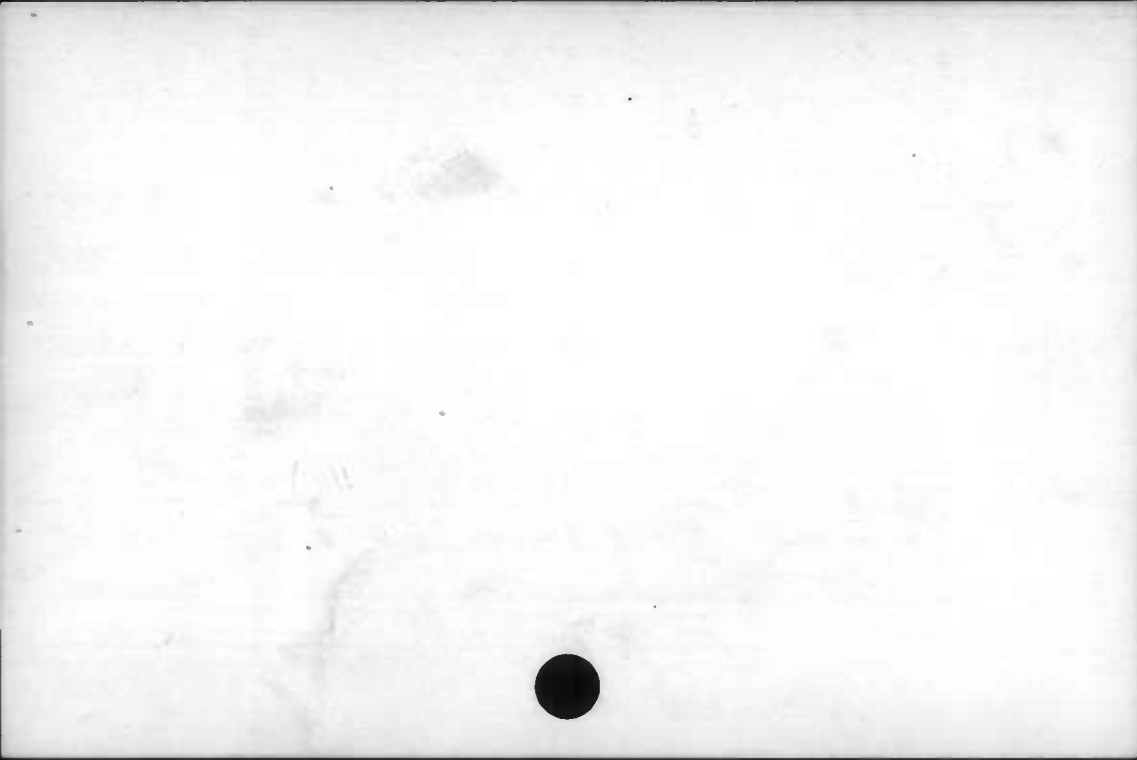
Primary *Uræmic Intoxication* How long *3 days*

Immediate *Asthenia* How long *Immediate*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Ambrose Garcia M.D.* Address *34 Second St*

Accident or Suicide *_____*



Name
in
Full

Chollart

Goodrich

CERTIFICATE OF DEATH

Town

County

Died at *annapolis md*

a. a. co

MARYLAND

Date of death 19*00*

Month

Feb

Day

22

Age

Years

76

Months

Days

TO BE ANSWERED BY
NEAREST FRIEND

Sex *Female*

Color or
Race

colored

Birth-
place

a. a. co md

Occupation

midwife

Where Residing if not
place of death

44 Washington st

Married, Single
or Widowed

Widowed

Name of Wife or
Husband

Benjamin Goodrich

Father's
Name

Adams Brown

Father's
Birthplace

unknown

Mother's

Maiden Name

unknown

Mother's

Birthplace

unknown

Name of person giving
Information

Bennie Goodrich

How related
to deceased

Daughter in Law

CAUSES OF DEATH

Primary

Lobar Pneumonia

How long

one week

Immediate

Clostridia

How long

24 hrs.

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

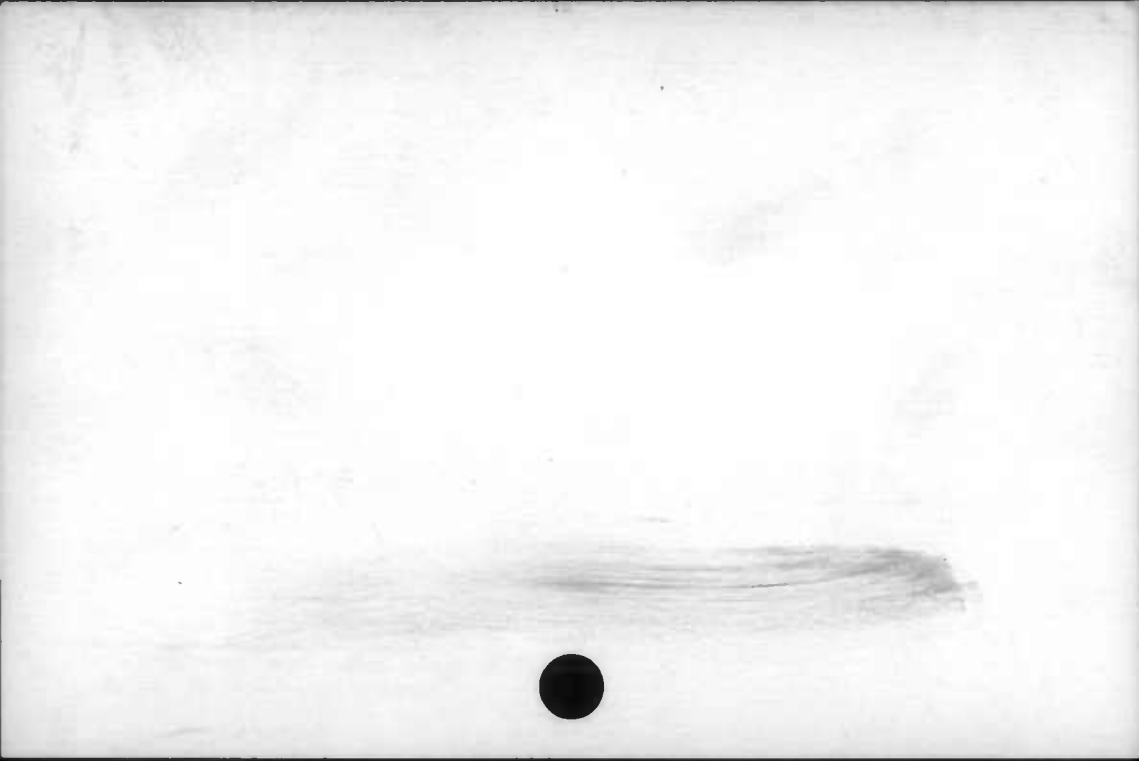
Address

*P. P. [Signature]
600 [Address]
Annapolis*

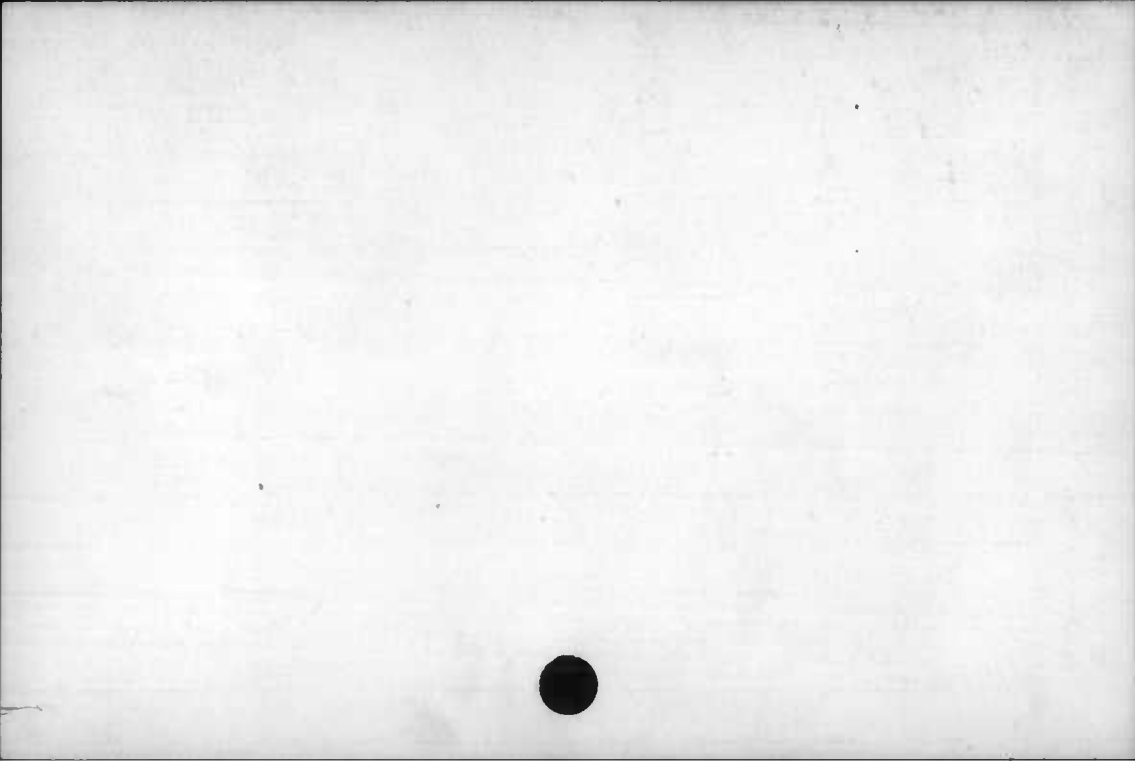
Accident or Suicide

no

PHYSICIAN
OR CORONER



Name in Full		Green		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town	County		MARYLAND
	Date of death	1900	Month	Day	Age
	Sex	Female	Color or Race	hol	Birth-place
	Occupation	Where Residing if not at place of death			
	Married, Single or Widowed	Name of Wife or Husband			
	Father's Name	Phillip Green		Father's Birthplace	At birth
	Mother's Maiden Name	Nannie Turner		Mother's Birthplace	At birth
Name of person giving information		How related to deceased			
PHYSICIAN OR CORONER	CAUSES OF DEATH				
	Primary	Still-born			How long
	Immediate				How long
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
	yes		John Ridout		
		Address			
		Annapolis			
		Md			
Accident or Suicide?					



Name
in
Full

CERTIFICATE OF DEATH

John H. Gresham

TO BE ANSWERED BY
NEAREST FRIEND

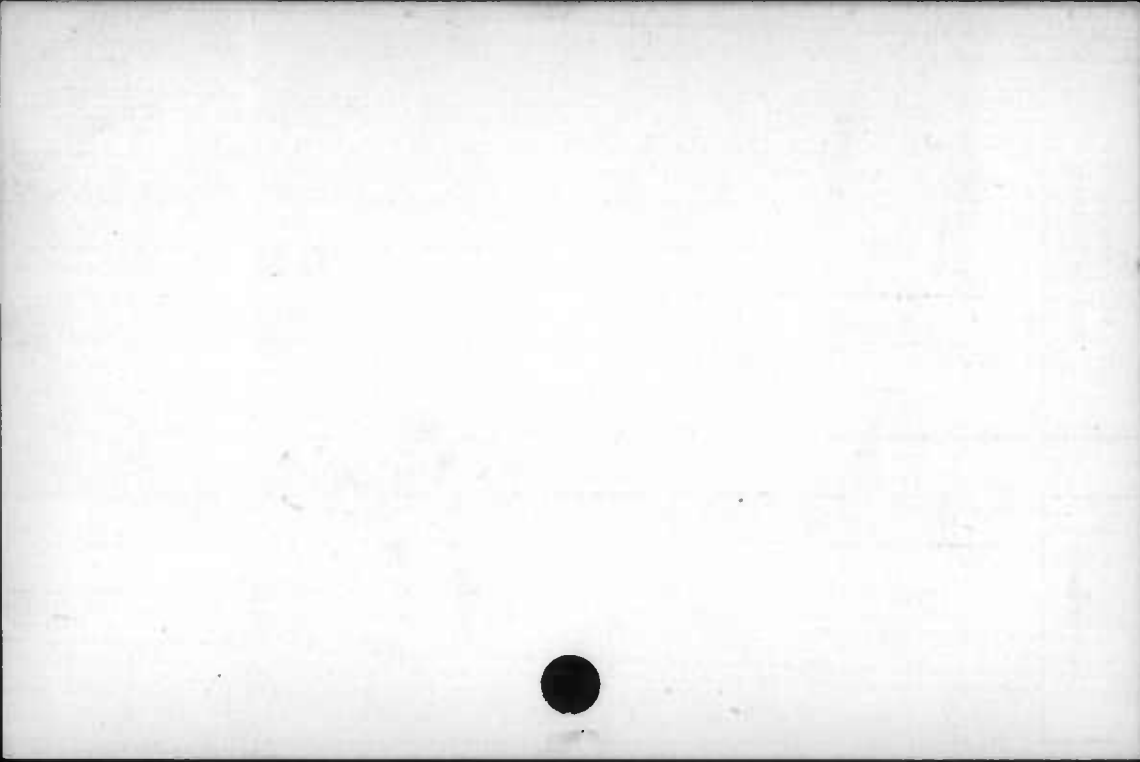
Died at <i>Brooklyn</i> ^{Town}		<i>A A</i> ^{County}		MARYLAND	
Date of death <i>1940</i>	<i>Feb</i> ^{Month}	<i>10</i> ^{Day}	Age <i>dent know</i> ^{Years}	<i></i> ^{Months}	<i></i> ^{Days}
Sex <i>Male</i>	Color or Race <i>Colored</i>	Birth-place <i>dent know</i>			
Occupation <i>Labor</i>	Where Residing if not at place of death <i>Brooklyn</i>				
Married, Single or Widowed <i>Widower</i>	Name of Wife or Husband <i>dent know</i>				
Father's Name <i>dent know</i>	Father's Birthplace <i>dent know</i>				
Mother's Maiden Name <i>dent know</i>	Mother's Birthplace <i>dent know</i>				
Name of person giving information <i>James Woolfe</i>	How related to deceased <i>friend</i>				

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary	<i>Grippe</i>	How long <i>4 days</i>
Immediate	<i>Heart Failure</i>	How long
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician <i>John P. Potee Croner</i>
		Address <i>Brooklyn</i>
		<i>A A C Mel</i>
Accident or Suicide?		



Name
in
Full

Andrew Rufus Hammond

CERTIFICATE OF DEATH

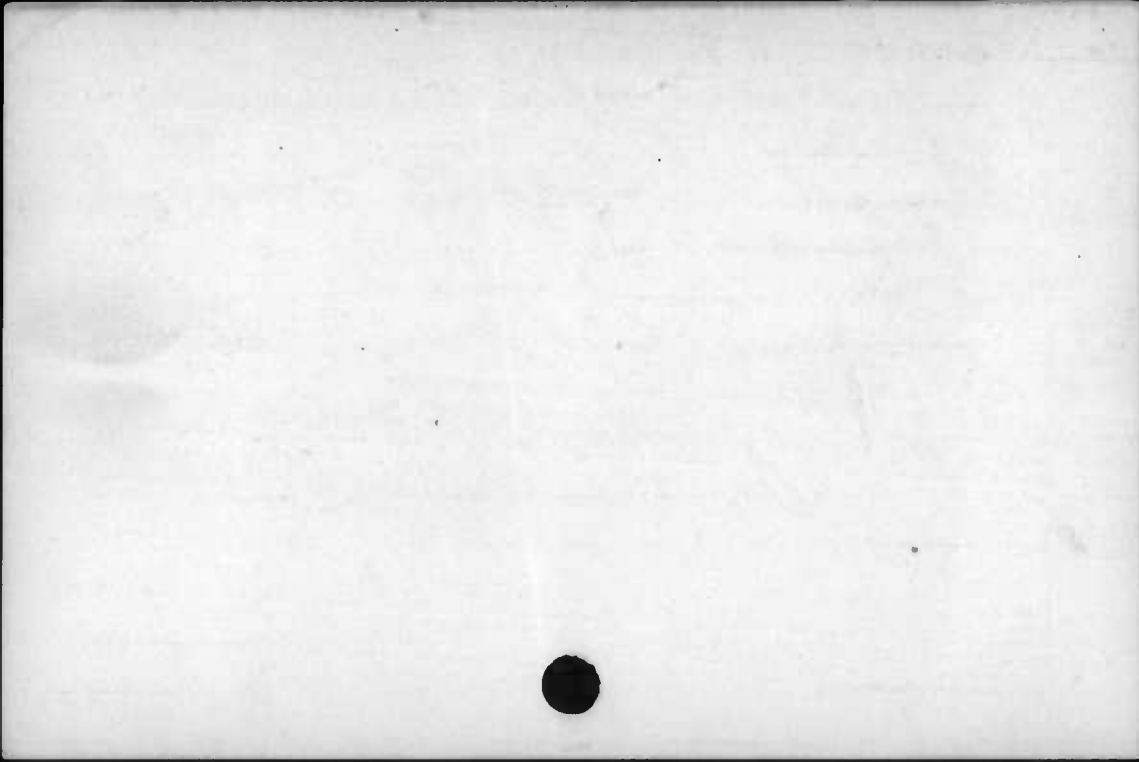
Died at <i>Orellham</i> ^{Town}		<i>Anne Arundel</i> ^{County}		MARYLAND									
Date of death	19 <i>60</i>	Month	<i>2</i>	Day	<i>25</i>	Age	<i>25</i>	Years	<i>25</i>	Months	<i>---</i>	Days	<i>---</i>
Sex	<i>Male</i>		Color or Race	<i>Negro</i>		Birth-place	<i>Maryland</i>						
Occupation	<i>Farm laborer</i>			Where Residing if not at place of death <i>-----</i>									
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband <i>-----</i>										
Father's Name	<i>Andrew Thos. Hammond</i>						Father's Birthplace	<i>Maryland</i>					
Mother's Maiden Name	<i>Mary Eliza Snowden</i>						Mother's Birthplace	<i>Maryland</i>					
Name of person giving information	<i>Darius Hammond</i>						How related to deceased	<i>Brother</i>					

CAUSES OF DEATH

(92)

Primary	<i>Lobar pneumonia</i> ^(double)	How long	<i>8 days</i>
Immediate	<i>Heart failure</i>	How long	<i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>Thos. P. Benson</i>	
		Address	
		<i>Hanover</i>	
		<i>Maryland</i>	
Accident or Suicide?			

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Violetta Harvey* Town *West End* County *Anne Arundel* MARYLAND
Died at
Date of death *1900* Month *Feb* Day *8* Age *8* Years Months Days
Sex *Female* Color or Race *Colored* Birthplace *West End*
Occupation *Infant* Where Residing if not at place of death " "

Married, Single or Widowed *"* Name of Wife or Husband
Father's Name *Jaynes A. Harvey* Father's Birthplace *A. A. Co.*
Mother's Maiden Name *Larry A. Cook* Mother's Birthplace *" "*
Name of person giving Information *father* How related to deceased *71*

CAUSES OF DEATH

Primary *Influenza Nascentium* How long *Two days*
Immediate *Exhaustion* How long *Gradual*

Are the name, age, sex, color, date and place correctly given above?

Yes

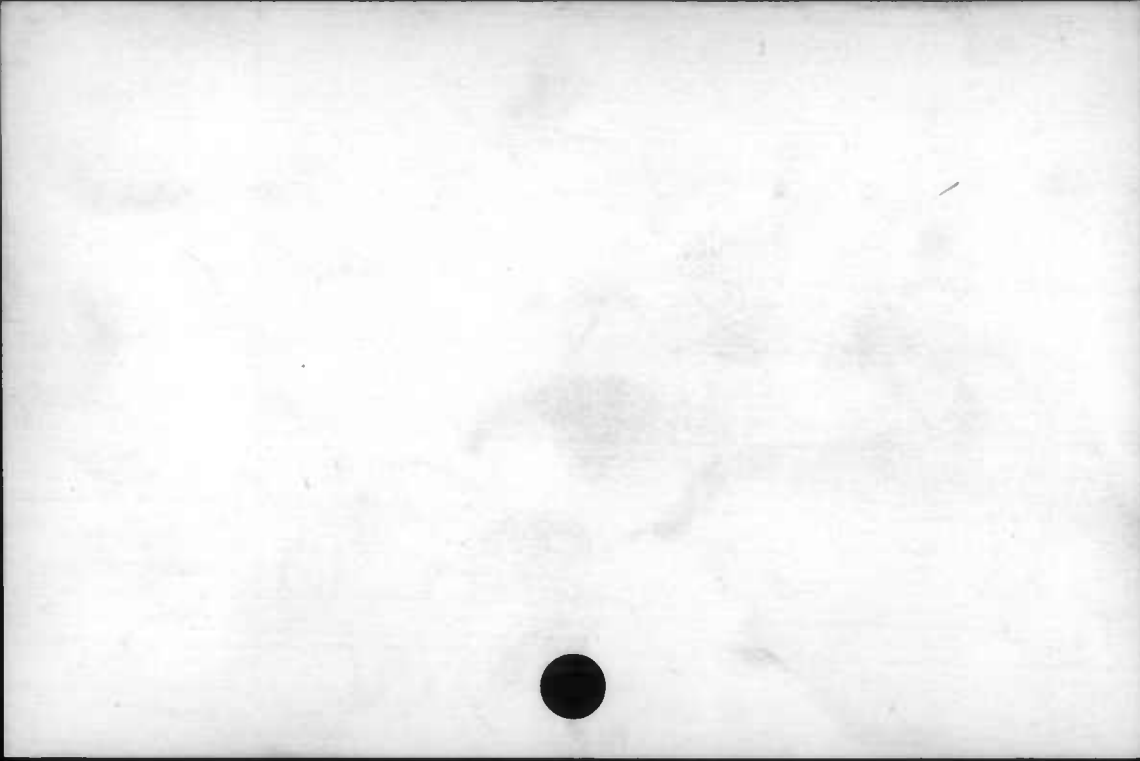
Signature of Physician

Address

John Ridout
Annapolis
Md

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Carrie Hawkins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Annapolis* ^{Town} *a-a-* ^{County} *md* **MARYLAND**

Date of death 19*0* ^{Month} *Feb.* ^{Day} *22.* Age *78* ^{Years} *18* ^{Months} *—* ^{Days} *—*

Sex *Female* Color or Race *Colord* Birth-place *Davidsonville md*

Occupation *Maid* Where Residing if not at place of death *Acton Lane*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *John. T. Hawkins* Father's Birthplace *Davidsonville md*

Mother's Maiden Name *Annie. M. Green* Mother's Birthplace *Davidsonville md*

Name of person giving Information *John. T. Hawkins* How related to deceased *Father*

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Brewerhill **120** *D₇₇ Bidout*

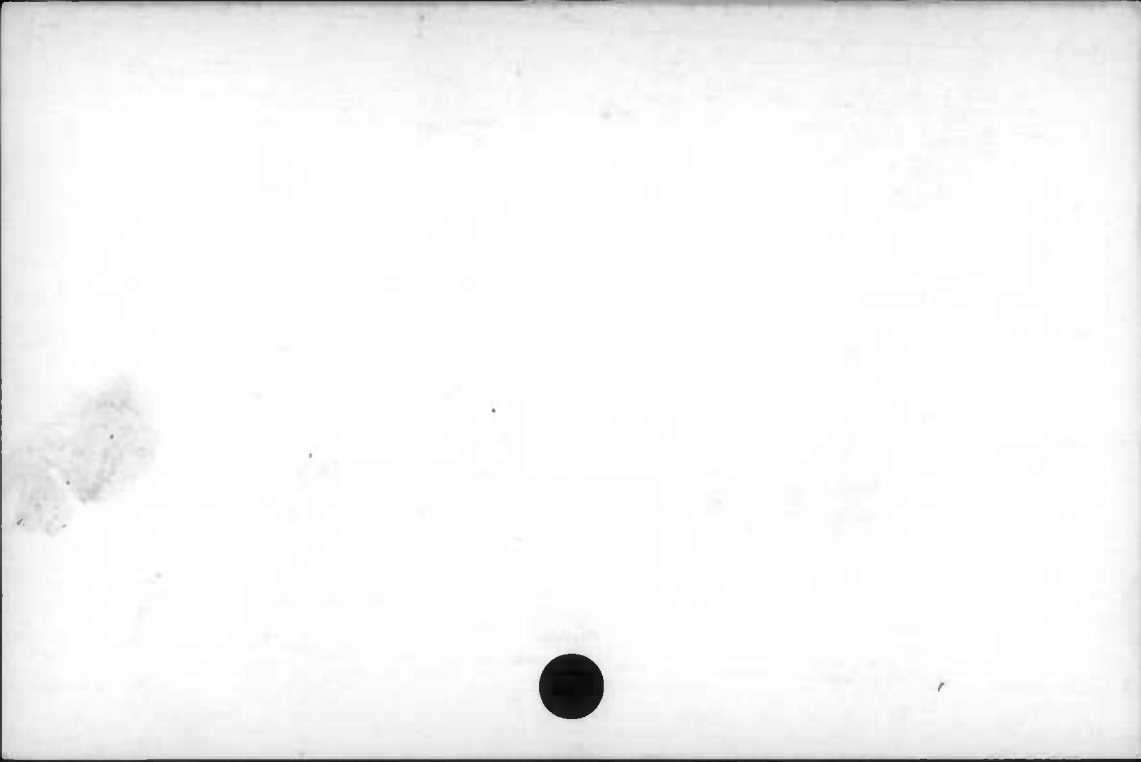
Primary *Nephritis* How long *Months*

Immediate *Nephritis & Exhaustion* How long *Gradual*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *John Bidout* Address *Annapolis md*

Accident or Suicide



Name
in
Full

William Benson

CERTIFICATE OF DEATH

Died at Best Gate ^{Town} Ar. Co. ^{County}

MARYLAND

Date of death 1910 ^{Month} Feb. ^{Day} 8th ^{Years} 93 ^{Months} 2 ^{Days}Sex Male Color or Race Colored Birth-place Balviret Co. Md.Occupation Retired Where Residing if not at place of deathMarried, Single or Widowed Widower Name of Wife or Husband Marion BensonFather's Name Isaac BensonFather's Birthplace Md.Mother's Maiden Name Rebecca BensonMother's Birthplace Md.Name of person giving information Richard BostonHow related to deceased Son-in-law

CAUSES OF DEATH

(154)

Primary Senility How long MonthsImmediate Exhaustion How long Gradual

Are the name, age, sex, color, date and place correctly given above?

yes

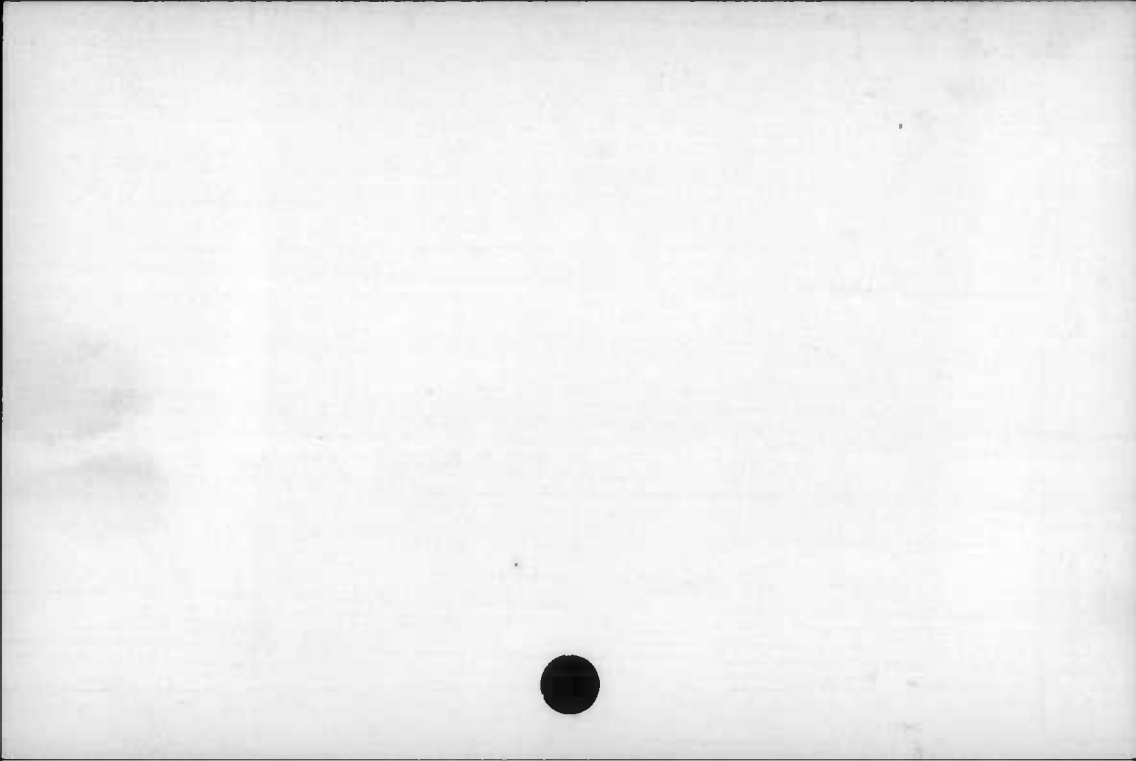
Signature of Physician

Address

John Ridout
Annapolis
Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Ernest Herth

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

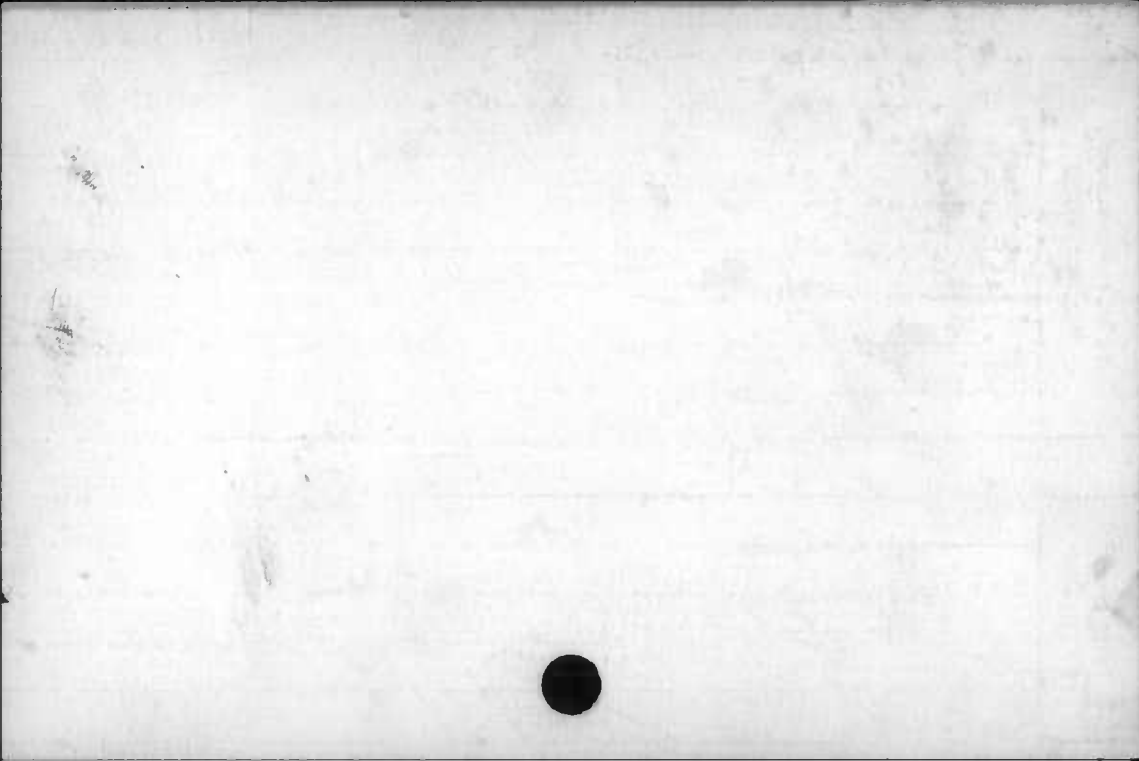
Died at		Town <i>Fairfield</i>		County <i>A.A. Co.</i>		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
19 <i>00</i>		<i>Feb</i>	<i>2</i>	<i>41</i>			
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth-place	<i>Germany</i>
Occupation	<i>Farmer</i>			Where Residing if not at place of death <i>Fairfield</i>			
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband	<i>Mary Herth</i>			
Father's Name	<i>John Herth</i>				Father's Birthplace	<i>Germany</i>	
Mother's Maiden Name	<i>Unknown</i>				Mother's Birthplace	<i>Unknown</i>	
Name of person giving information	<i>Mrs M. Herth</i>				How related to deceased	<i>Wife</i>	

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>Pulmonary Tuberculosis</i>		How long	<i>3 Mo.</i>
Immediate	<i>Respiratory Failure</i>		How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	Signature of Physician	<i>R. E. Campbell M.D.</i>
			Address	<i>1644 Hanover St., Baltimore Md</i>
Accident or Suicide?				



Name
in
Full

Abner Iden

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Annapolis Md ^{Town} Anne Arundel ^{County} **MARYLAND**

Date of death 1900 ^{Month} Feb ^{Day} 15 ^{Years} Age 71 ^{Months} ^{Days}

Sex Male Color or Race White Birth-place Virginia

Occupation Farmer Where Residing if not at place of death Paris Virginia

Married, ~~Single~~ Married Name of Wife State Iden ~~Widowed~~ ~~Husband~~

Father's Name Manly Iden Father's Birthplace Virginia

Mother's Maiden Name Elizabeth Pierce Mother's Birthplace Virginia

Name of person giving Information Mr. Jos H. Iden How related to deceased Nephew

CAUSES OF DEATH

(45)

PHYSICIAN
OR CORNER

Primary Carcinoma (left testicle & cord). How long 2 years

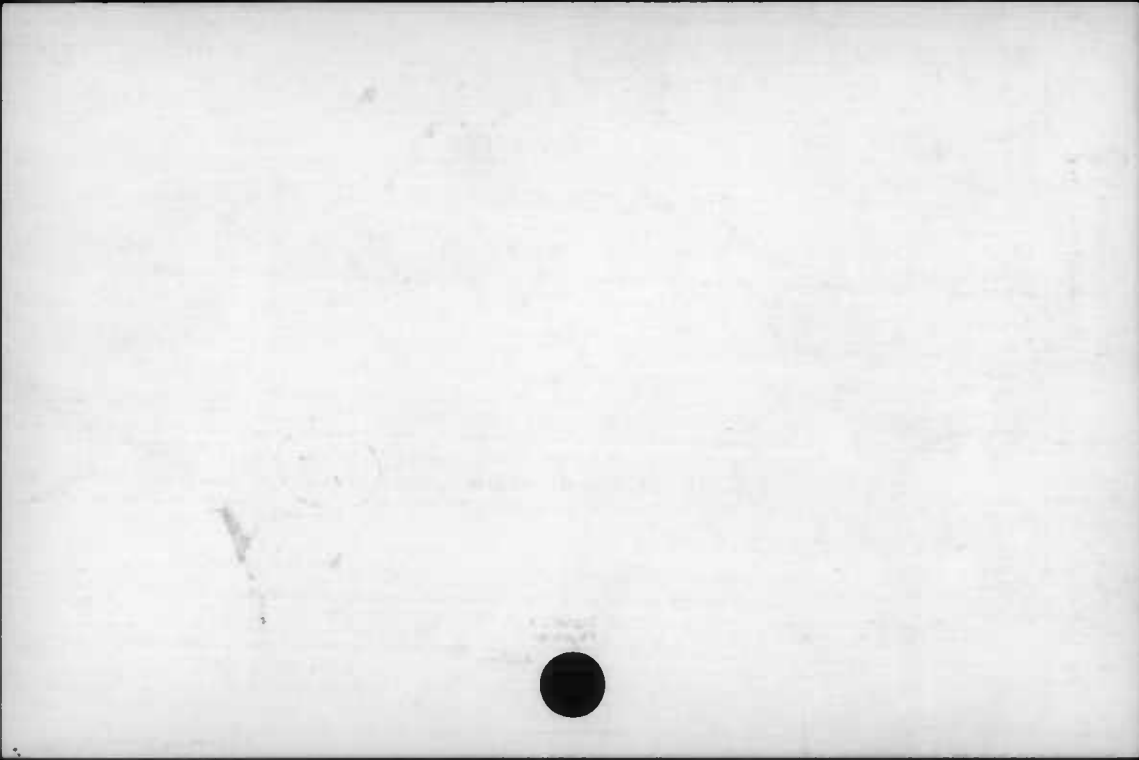
Immediate Obstruction How long 3 weeks

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician George F Cottle M.D. D.S.H. Address Annapolis Md

Metastases in liver & lungs.

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Curtis By* *N.H.Co.*Date
of death 19*40*

Month

July

Day

14

Years

Age *9*

Months

Days

Sex

*Male*Color or
Race*White*Birth-
place*Balto*

Occupation

*None*Where Residing if not
at place of death*Curtis By*Married, Single
or Widowed*Single*Name of Wife or
Husband*~~Little J. J. J. J. J.~~*Father's
Name*Frank J. J. J. J.*Father's
Birthplace*Poland*Mother's
Maiden Name*Lillie J. J. J.*Mother's
Birthplace*Poland*Name of person giving
Information*Frank J. J. J.*How related
to deceased*Father*

CAUSES OF DEATH

Primary

Brain, Fever

How long

4 days

Immediate

Exhaustion

How long

*1 day*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*W. H. J. J. J.*

Address

1228 N. Charles

Accident or Suicide

*No*PHYSICIAN
OR CORONER

(17)

Name
in
Full

Carolin Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Annapolis		County A--A--		MARYLAND	
Date of death		Month Feb.	Day 10	Years 76	Months —	Days —	
Sex Female		Color or Race Colord		Birth-place unknown,			
Occupation Domestic		Where Reeding if not at place of death		98 Acton St			
Married, Single or Widowed Widow		Name of Wife or Husband Ligeed Johnson					
Father's Name unknown		Father's Birthplace unknown					
Mother's Maiden Name unknown		Mother's Birthplace unknown					
Name of person giving Information Sarah A Boston		How related to deceased Friend					

Asbury Caml.

CAUSES OF DEATH

154

Ridout

PHYSICIAN
OR CORONER

Primary	Senility	How long	Months
Immediate	Exhaustion	How long	Gradual
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		John Ridout	
		Address	
		Annapolis	
Accident or Suicide			

J H Dennis

92 West 8th

Name
in
Full

Jeremiah William Kalmey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Annapolis* *Anne Arundel* County **MARYLAND**

Date of death 19*60* *Feb* *27th* *Sunday* Age *42* *6* Months *6* Days

Sex *Male* Color or Race *White* Birth-place *Anne Arundel Co. Md*

Occupation *Clerk* Where Residing if not at place of death *126 College Ave Annapolis*

Married, Single or Widowed *Single* Name of Wife or Husband _____

Father's Name *Jeremiah William Kalmey* Father's Birthplace *Germany*

Mother's Maiden Name *Caroline Isabel Stewart* Mother's Birthplace *Anne Arundel Co, Md*

Name of person giving Information *Walter Miller Kalmey* How related to deceased *Brother*

CAUSES OF DEATH

(98) ✓

PHYSICIAN
OR CORONER

Primary *Pneumonia* How long *1 Week*

Immediate *Cardiac Asthenia* How long *3 days*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Walton H Hopkins MD*

Address *Annapolis Md*

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

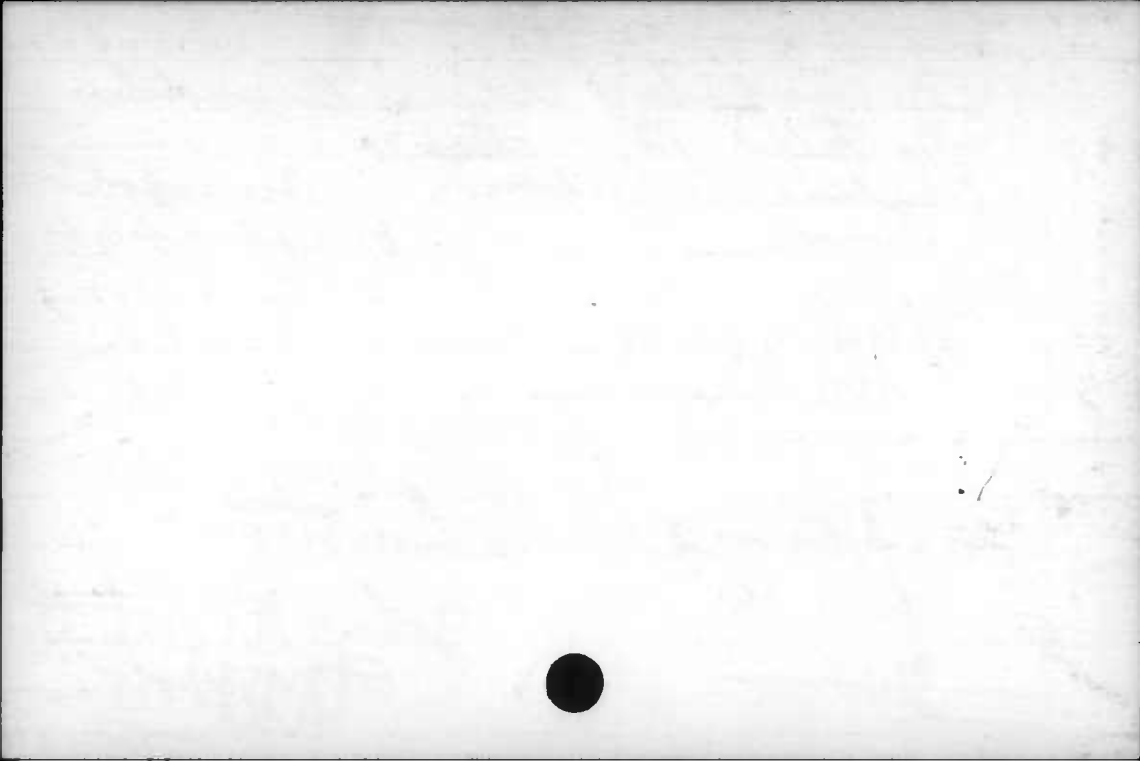
Bolislav Kasuba
 Died at *So. Balto.* *So. Balto.* County *So. Balto.* **MARYLAND**
 Date of death *1990* Month *Feb.* Day *26* Age *one* Months *one* Days *14*
 Sex *male* Color or Race *White* Birth-place *So. Balto. Md.*
 Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____
 Father's Name *Frank Kasuba* Father's Birthplace *Russia*
 Mother's Maiden Name *Josephina Caranaviza* Mother's Birthplace *Russia*
 Name of person giving Information *Frank Kasuba* How related to deceased *Father*

CAUSES OF DEATH

Primary *Indigestion* How long *unknown*
 Immediate *Convulsions* How long *4 hours*
 Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *Thos. B. Horton MD*
 Address *So. Balto, Md.*

PHYSICIAN
OR CORONER



Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

George Lacey
Town *Annapolis* County *Anne Arundel*
Died at *Annapolis* *MARYLAND*
Date of death 190 *10* Month *July* Day *13* Age *about 70* Years Months Days
Sex *Male* Color or Race *Colored* Birth-place *Annapolis*
Occupation *Cook* Where Residing if not at place of death *81 Calvert St.*
Married, Single or Widowed *Unknown* Name of Wife or Husband
Father's Name *Unknown* Father's Birthplace *Md*
Mother's Maiden Name *Unknown* Mother's Birthplace *Md*
Name of person giving Information *How related to deceased*
178

CAUSES OF DEATH

Primary *Exposure & Exhaustion* How long
Immediate
Are the name, age, sex, color, date and place correctly given above?
yes
Signature of Physician *John Ridon* Address *Annapolis Md*
Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Thomas S. Lee

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>South River</u> <small>Town</small>		<u>Anne Arundel</u> <small>County</small>		MARYLAND	
Date of death <u>1960</u>	<u>Feb</u> <small>Month</small>	<u>4</u> <small>Day</small>	Age <u>70</u> <small>Years</small>	<u>7</u> <small>Months</small>	<u></u> <small>Days</small>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Anne Arundel Co</u>		
Occupation <u>Mechanic</u>			Where Residing if not at place of death		
Married, Single or Widowed <u>Widowed</u>		Name of Wife or Husband <u>Rebecca Purdy</u>			
Father's Name <u>St Stephen Lee</u>		Father's Birthplace <u>Maryland</u>			
Mother's Maiden Name <u>Caroline Duncan</u>		Mother's Birthplace <u>Maryland</u>			
Name of person giving information <u>Joseph Lee</u>		How related to deceased <u>Brother</u>			

CAUSES OF DEATH

66 ✓

PHYSICIAN
OR CORONER

Primary <u>Thrombosis</u>	How long <u>3 days</u>
Immediate <u>Paralysis</u>	How long <u>3 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>John Collinson</u>
	Address <u>South River</u>
Accident or Suicide?	<u>Ad</u>



Name
in
Full

Benj. Franklyn Leitch

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Friendship* ^{Town} *Anne Arundel* ^{County} **MARYLAND**Date of death 19*10* ^{Month} *Feb* ^{Day} *16* Age ^{Years} *5* ^{Months} *3* ^{Days}Sex *M* Color or Race *W* Birth-place *Maryland*

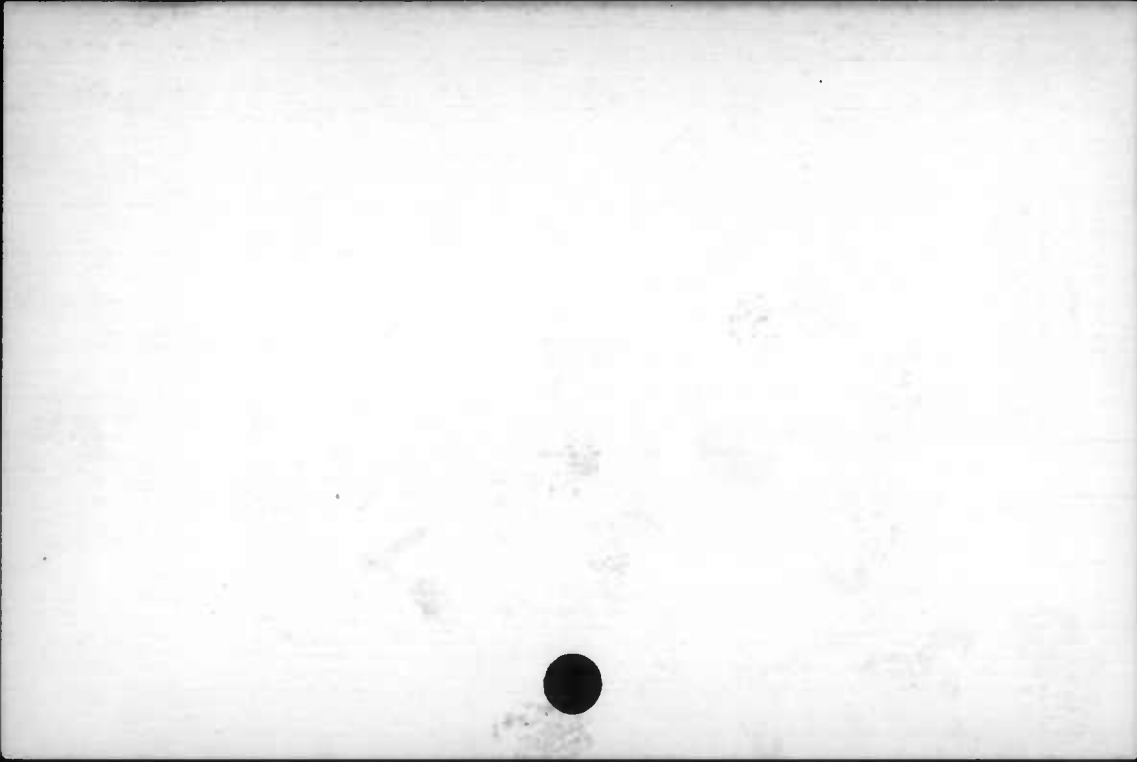
Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Huaband _____

Father's Name *Benj. F. Leitch* Father's Birthplace *Maryland*Mother's Maiden Name *Martha P. Patterson* Mother's Birthplace *Maryland*Name of person giving Information *Benj. F. Leitch* How related to deceased *Father*

CAUSES OF DEATH

Primary *Diphtheria* ^{How long} *5 days*Immediate *Exhaustion* ^{How long} *1 day*Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *Compton Wilson M.D.*Address *Jewell*Accident or Suicide _____ *Anne Arundel Co*PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

Barbara Ann Lyles -

Town

County

MARYLAND

Died at

Odenton

Anne Arundel

Date

of death 1900

Month

Feb 5

Day

5

Age

Years

66

Months

Days

Sex

Female

Color or
Race

white

Birth-
place

Maryland.

Occupation

Housewife

Where Residing if not
at place of death

Odenton Md

Married, Single
or Widowed

widowed

Name of Wife or
Husband

Dennis Lyles

Father's
Name

unknown

Father's
Birthplace

Maryland

Mother's
Maiden Name

unknown.

Mother's
Birthplace

Maryland

Name of person giving
Information

Ira D Baldwin

How related
to deceased

daughter

CAUSES OF DEATH

Primary

Pneumonia Lobar

How long

2 weeks

Immediate

Exhaustion

How long

4 days

Are the name, age, sex, color, date
and place correctly given above?

yes

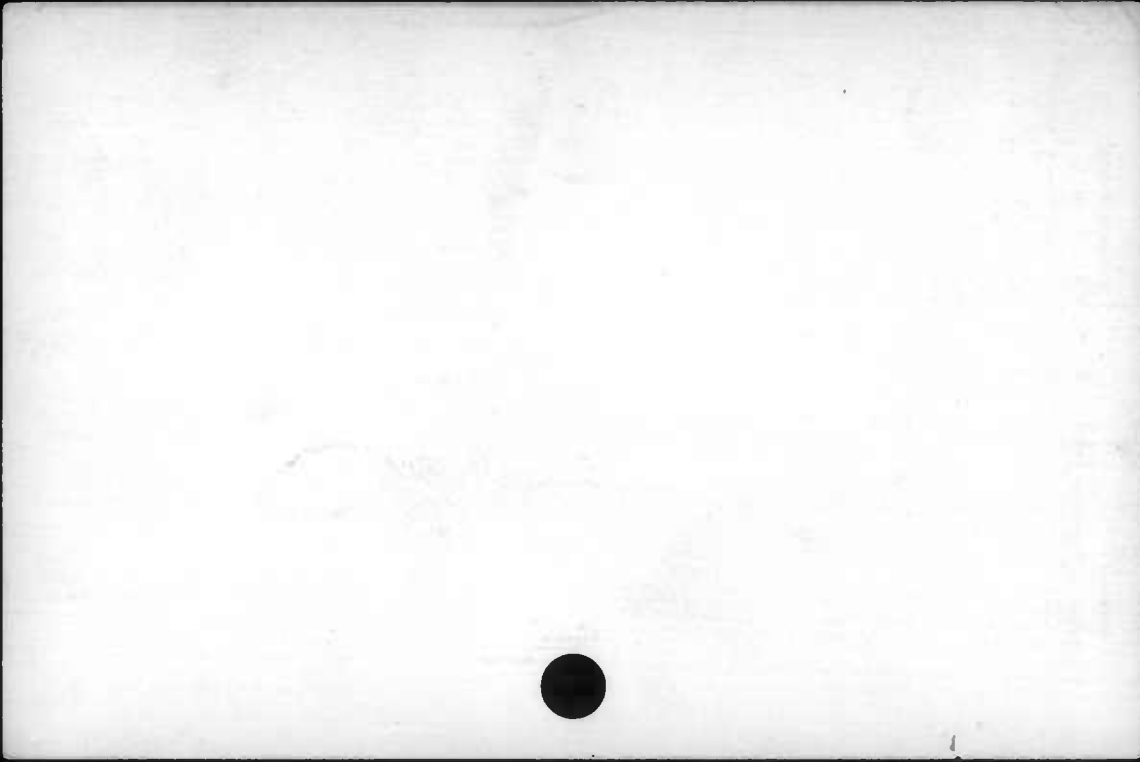
Signature of
Physician

Address

O H McNeuf
Odenton Md.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORNER



Name
in
Full

Adele Manns.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

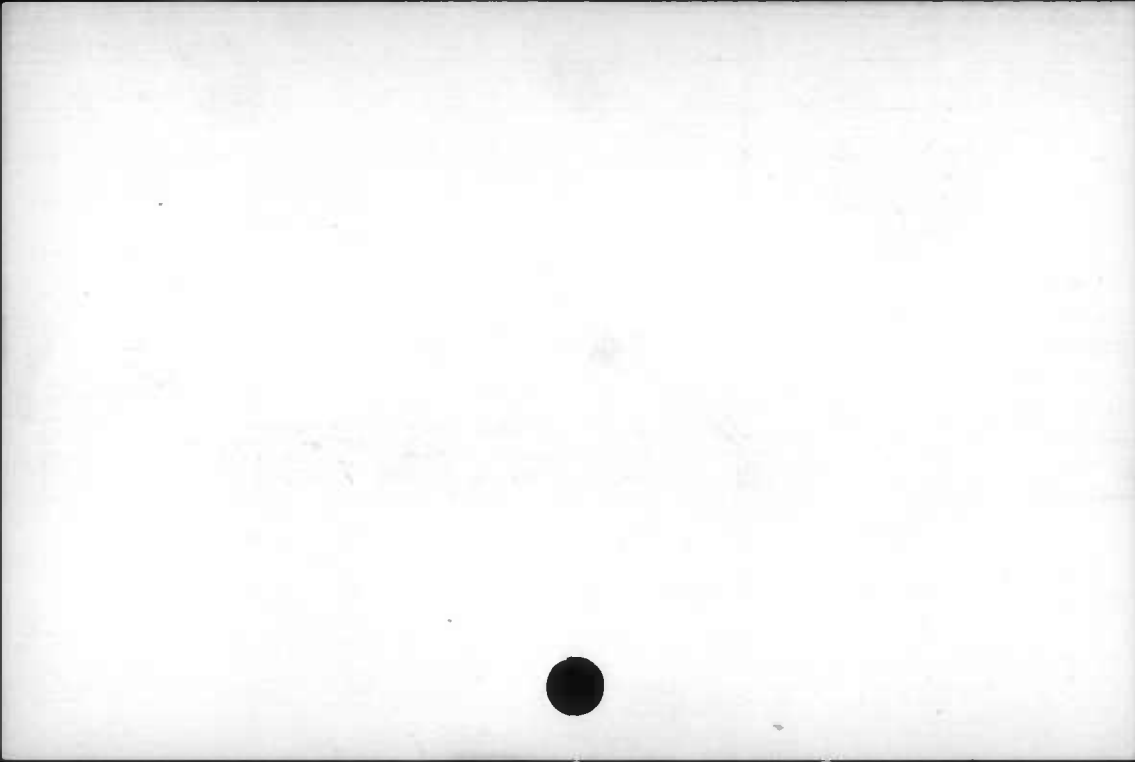
Died near <i>Marley P.O.</i>		County <i>Anne Arundel</i>		MARYLAND	
Date of death <i>1900</i>	Month <i>Feb.</i>	Day <i>8</i>	Years <i>About</i>	Months <i>55</i>	Days <i>years.</i>
Sex <i>Female.</i>	Color or Race <i>Colored.</i>		Birth-place <i>Anne Arundel</i>		
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>William Manns</i>				
Father's Name <i>George Washington Kerr</i>	Father's Birthplace <i>Anne Arundel Co.</i>				
Mother's Maiden Name <i>Katherine Johnson.</i>	Mother's Birthplace <i>Anne Arundel Co.</i>				
Name of person giving Information <i>John Westley Manns</i>			How related to deceased <i>Son.</i>		

CAUSES OF DEATH

108

PHYSICIAN
OR CORONER

Primary	<i>Acute Indigestion</i>	How long <i>12 hours.</i>
Immediate	<i>Heart Failure</i>	How long <i>Immediate.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>		Signature of Physician <i>James S. Billingslea M.D.</i>
		Address <i>Sub-registrar of 2nd dist. A.C.C. Md.</i>
Accident or Suicide <i>No.</i>		



Name
in
Full

Walter Herman Meyers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>So. Balto.</u> ^{Town}		<u>a. a.</u> ^{County}		MARYLAND	
Date of death 19 <u>10</u>	<u>Feb</u> ^{Month}	<u>15</u> ^{Day}	Age <u>—</u>	<u>9</u> ^{Months}	<u>—</u> ^{Days}
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>So. Balto, Md</u>		
Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>—</u>			Name of Wife or Huaband <u>—</u>		
Father's Name <u>Louis Meyers</u>			Father's Birthplace <u>Ohio</u>		
Mother's Maiden Name <u>Hattie Luedtke</u>			Mother's Birthplace <u>Germany</u>		
Name of person giving Information <u>Louis Meyers</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Pneumonia</u>	How long <u>One WEEK</u>
Immediate <u>Convulsions</u>	How long <u>6 hours</u>
Are the name, age, sex, color, data and place correctly given above? <u>yes</u>	Signature of Physician <u>Thos B Horton MD</u>
	Address <u>So. Balto, Md</u>
Accident or <u>—</u>	



Name
in
Full

Dead born Moravousky

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

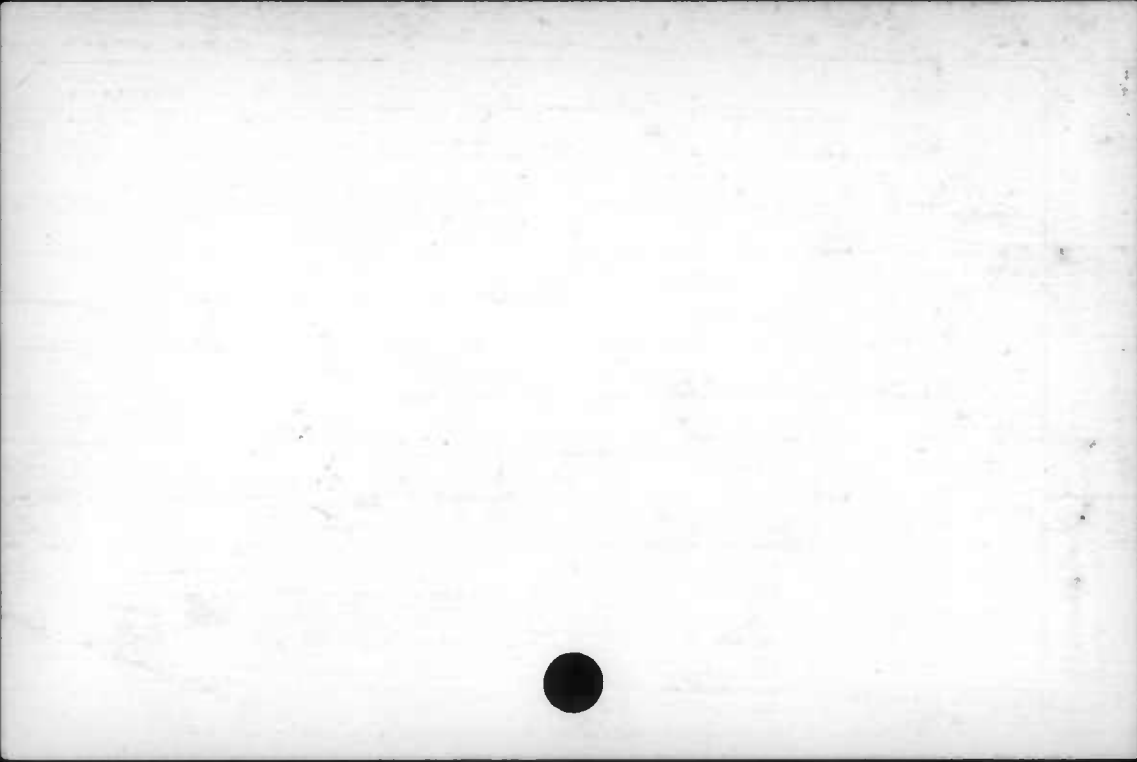
Died at ^{Town} East Brooklyn ^{County} AD
Date of death 1960 ^{Month} Feb ^{Day} 15 ^{Age} — ^{Years} — ^{Months} — ^{Days} —
Sex Male Color or Race White Birth-place East Brooklyn Md
Occupation — Where Residing if not at place of death —

Married, Single or Widowed — Name of Wife or Husband —
Father's Name Joseph Chorakowsky Father's Birthplace Poland
Mother's Maiden Name Amanda Melnick Mother's Birthplace Poland
Name of person giving Information Joseph Chorakowsky How related to deceased Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Dead born How long —
Immediate — How long —
Are the name, age, sex, color, date and place correctly given above? yes
Signature of Physician Tho. B. Horton Md
Address 301 Balto, Md
Accident or Suicide



Name
in
Full

Andy Nowitzki

CERTIFICATE OF DEATH

Died at ^{Town} East Branch

County

a c

MARYLAND

Date

of death 1900

Month

2

Day

7

Age

Years

46

Months

Days

Sex

Male

Color or
Race

white

Birth-
place

Ga. Jor

Occupation

Lumber

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Julia Nowitzki

Father's
Name

Don't Know

Father's
Birthplace

Ga.

Mother's
Maiden Name

Don't Know

Mother's
Birthplace

Ga.

Name of person giving
In formation

John Nowitzki

How related
to deceased

Son

CAUSES OF DEATH

Primary

Pneumonia

How long

1 week

Immediate

Exhaustion

How long

7 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

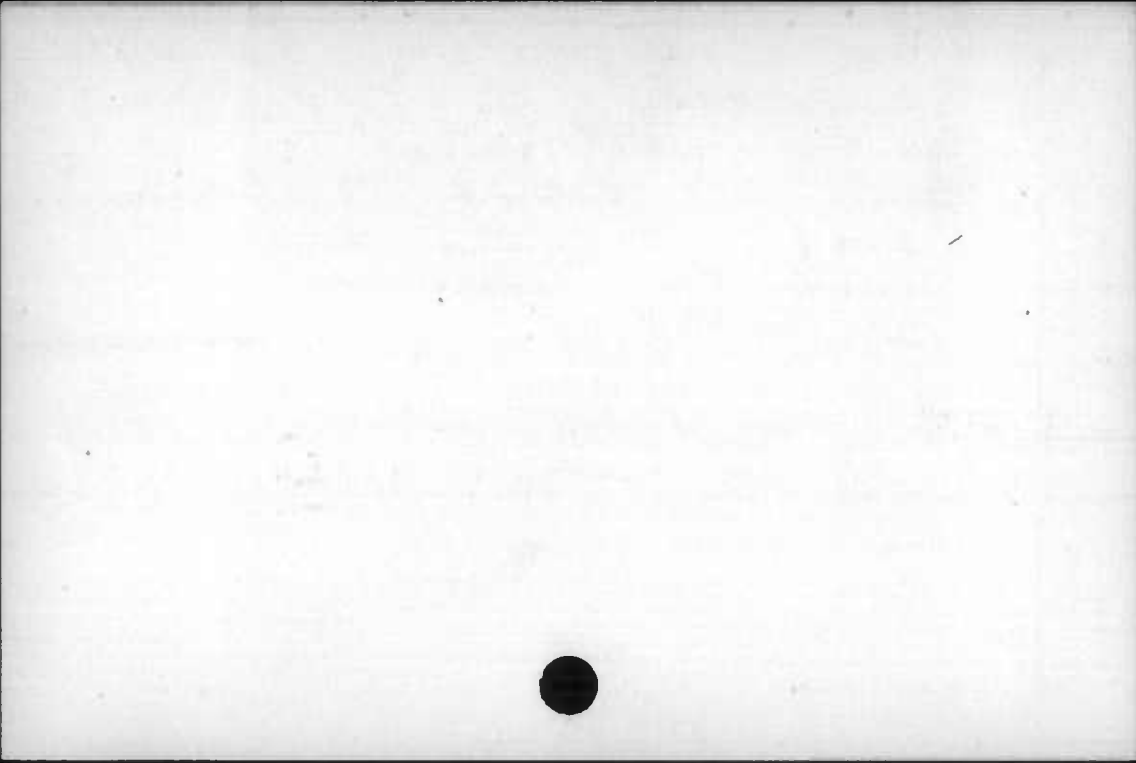
Signature of
Physician

Charles Branch

Address

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDJames Peterson
Town Annapolis County St. St.
Died at
Date of death 1900 Feb 20 Age about 67
Month Day Years Months Days

MARYLAND

Sex Male Color or Race Colored Birthplace Unknown
Occupation Cook Where Reaiding if not at place of death

Married, Single or Widowed Single Name of Wife or Huaband None

Father's Name Robert Peterson

Father's Birthplace Unknown

Mother's Maiden Name Nancee Wolis

Mother's Birthplace Virginia

Name of person giving Information William Stevens

How related to deceased Nephew

CAUSES OF DEATH

Primary Apoplexy How long Two days
Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

John Ridout
Annapolis
Md

Accident or Sulcide

PHYSICIAN
OR CORONER



Name
in
Full

Angela Poeskotonic

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *So. Balto-* *G.A.* *County* *MARYLAND*Date of death 19*10* *Feb* *13* *13* *4* *4* *—* *—*Sex *Female* Color or Race *white* Birth-place *md*Occupation *—* Where Residing if not at place of death *—*Married, Single or Widowed *—* Name of Wife or Husband *—*Father's Name *Michael Poeskotonic* Father's Birthplace *Austria*Mother's Maiden Name *Catherine Poeskotonic* Mother's Birthplace *Austria*Name of person giving Information *Michael Poeskotonic* How related to deceased *Father*

CAUSES OF DEATH

(166)

Primary *How long*Immediate *Accidentally burned to death* *16 hours*Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *Thos. B. Horton M.D.*Address *So. Baltg. md*Accident *—*PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

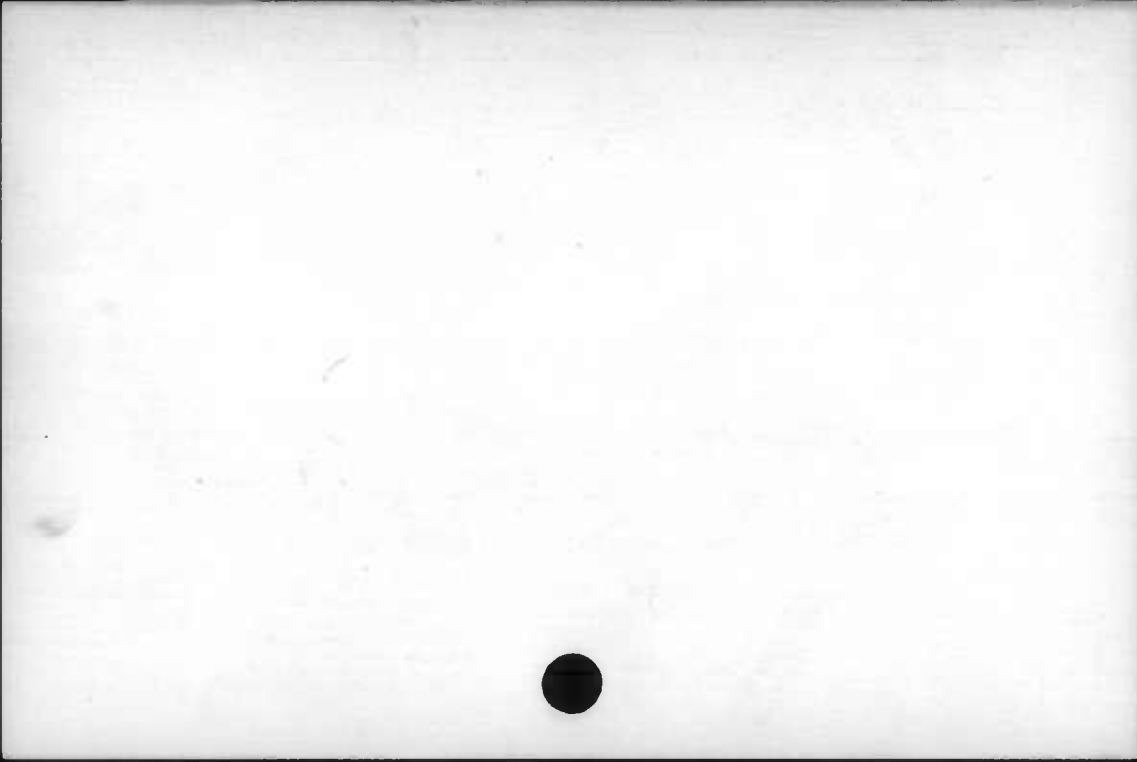
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>James W. Reuling</i>		Town <i>Eastport</i>		County <i>St. St.</i>		State <i>MARYLAND</i>	
Died at <i>Eastport</i>		Month <i>Feb</i>		Day <i>25</i>		Years <i>6</i>	
Date of death <i>1900</i>		Age <i>—</i>		Months <i>—</i>		Days <i>—</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birthplace <i>Balto Md</i>			
Occupation <i>None</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>None</i>					
Father's Name <i>Albert W. Reuling</i>		Father's Birthplace <i>Balto Md</i>					
Mother's Maiden Name <i>Alice L. Dean</i>		Mother's Birthplace <i>Balto Md</i>					
Name of person giving Information <i>Alice L. Reuling</i>		How related to deceased <i>Mother</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Accidental Suffocation</i>		How long	<i>5 min.</i>
Immediates	<i>"</i>		How long	<i>" "</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Louis B. Hunkoff</i> Address <i>Annapolis, Md</i>		
Accident <i>—</i>				



Name
in
Full

CERTIFICATE OF DEATH

James Wilson Rodgers
Died at **Churchton** ^{town} **A.R.** ^{County} **MARYLAND**
Date of death **1960 Feb. 22** Age **76** Months **-** Days **-**
Sex **Male** Color or Race **White** Birth-place **Ind**
Occupation **Oysterman** Where Residing if not at place of death **-**
Married, Single or Widowed **Married** Name of Wife or Husband **Mary E. Justi**
Father's Name **Wm. Henry Rodgers** Father's Birthplace **Ind**
Mother's Maiden Name **Henrietta Goff** Mother's Birthplace **Ind**
Name of person giving Information **John H. Rodgers** How related to deceased **Son**

CAUSES OF DEATH

Primary **Valvular Disease of Heart** How long **10 mos**
Immediate **Pulmonary Edema** How long **48 hours**

Are the name, age, sex, color, data and place correctly given above?

Yes

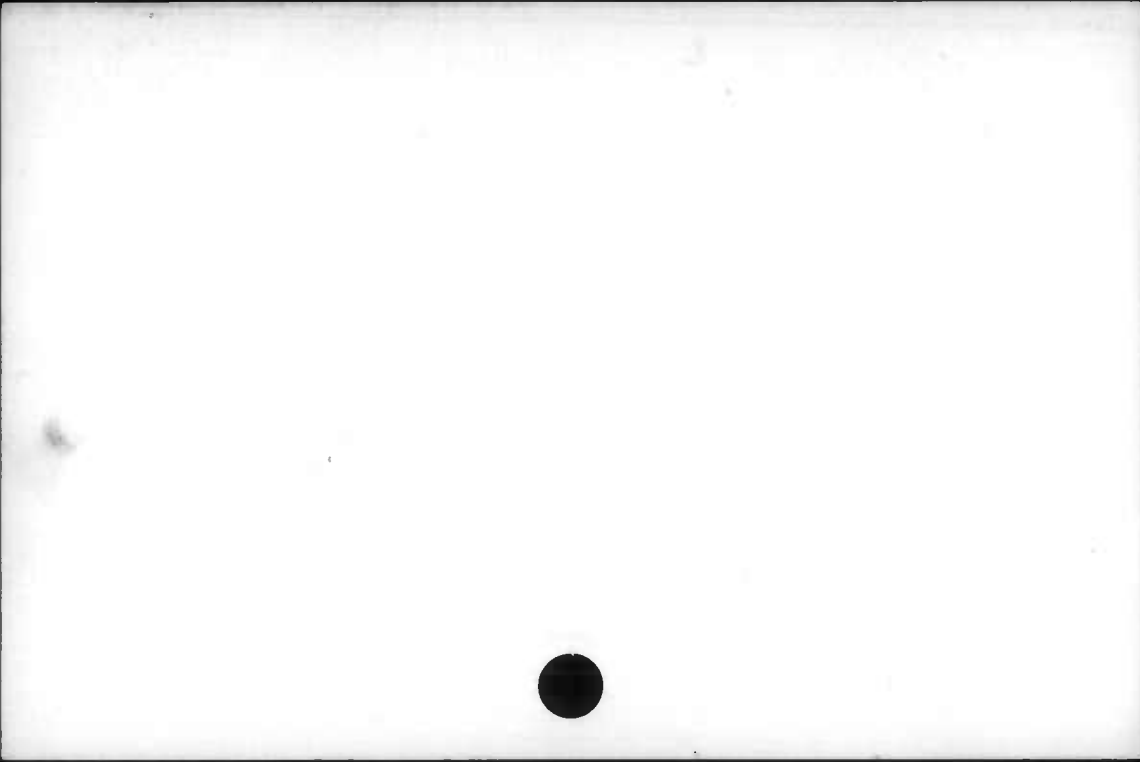
Signature of Physician

Address

Geo. T. Sent
Churchton

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Clifton J. Russell, Jr.

Town

County

Died at

Annapolis

Anne Arundel

MARYLAND

Date

of death

1900

Month

Feb.

Day

16-

Age

Years

1

Months

3

Days

—

Sex

Male

Color or
Race

White

Birth-
place

Annapolis Md

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Clifton J. Russell

Father's
Birthplace

Annapolis Md

Mother's
Maiden Name

Mary A. Sewell

Mother's
Birthplace

Anne Arundel Co. "

Name of person giving
Information

Clifton J. Russell

How related
to deceased

Father

CAUSES OF DEATH

Primary

Meningitis Tubercular

How long

Two weeks (?)

Immediate

"

"

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

John Parvin
Annapolis
Md

Accident or Suicide

No

PHYSICIAN
OR CORNER



Name
in
Full

CERTIFICATE OF DEATH

Julia Anne Sewell

Town

County

MARYLAND

Died ~~at~~ in

Anne Arundel

Date

of death 1910

Month

Feb

Day

8

Years

Age

Months

Days

20

Sex

female

Color or
Race

Black

Birth-
place

Maryland

Occupation

none

Where Residing if not
at place of death

resided at place of death

Married, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Joseph H. Sewell

Father's
Birthplace

Maryland

Mother's
Maiden Name

Roberta Burley

Mother's
Birthplace

Maryland

Name of person giving
Information

Joseph H. Sewell

How related
to deceased

father

CAUSES OF DEATH

8

Primary

Whooping Cough

How long

20 days

Immediate

Convulsions

How long

2 days

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

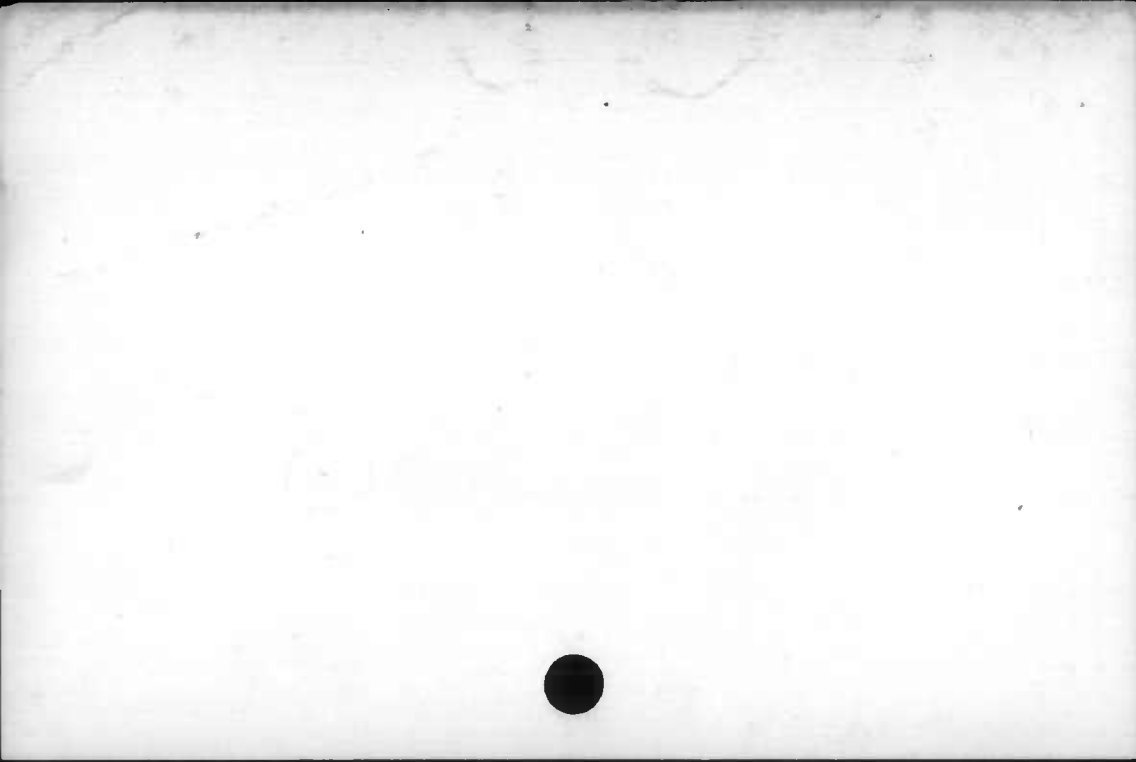
Address

Arthur Williams
Elk Ridge Ind

Accident or Suicide

no

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

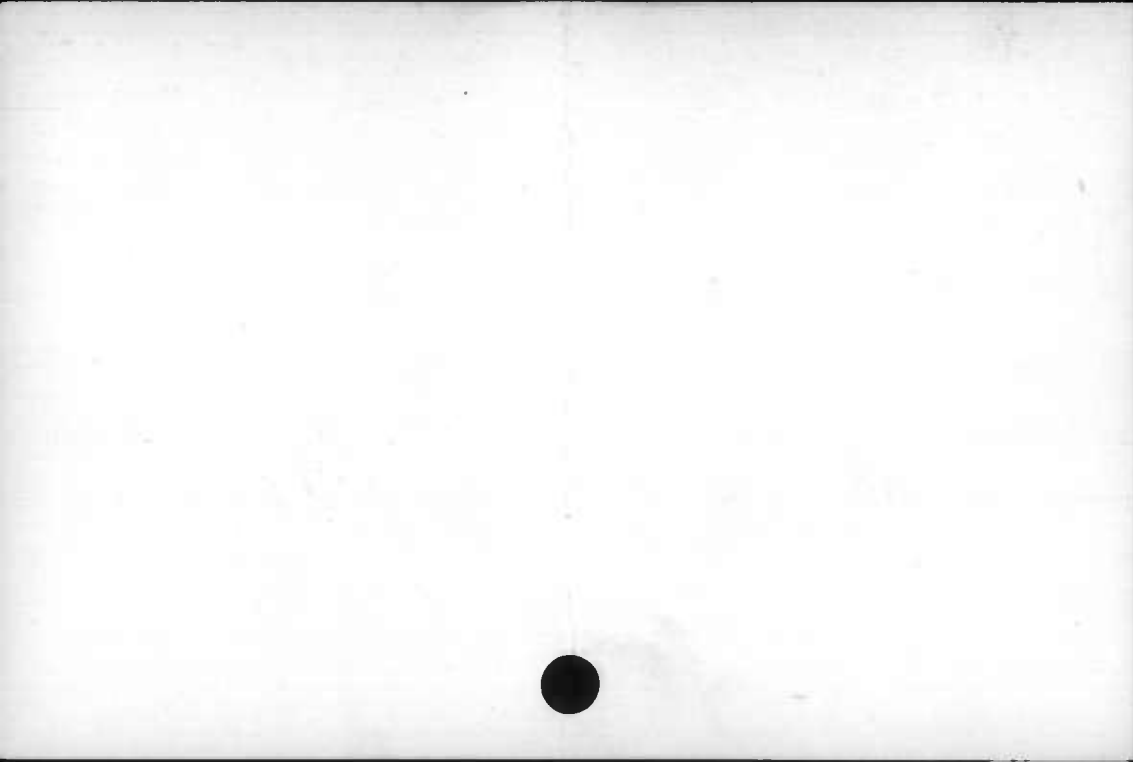
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>William Allen Smith</i>		Town <i>near Shady Side</i>		County <i>Anne Arundel</i>		MARYLAND	
Died at		Month <i>Feb.</i>		Day <i>14th</i>		Years <i>29</i>	
Date of death <i>1910</i>		Months <i>11</i>		Days <i>25</i>			
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>A. A. Co.</i>			
Occupation <i>Waterman</i>				Where Residing if not at place of death			
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Rachel Virginia Smith</i>					
Father's Name <i>John Wesley Smith</i>				Father's Birthplace <i>A. A. Co.</i>			
Mother's Maiden Name <i>Rachel Ann Simms</i>				Mother's Birthplace <i>A. A. Co.</i>			
Name of person giving Information <i>Elizabeth C. Brent</i>				How related to deceased <i>Sister</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>		How long <i>1 year?</i>	
Immediate <i>Hemorrhage Pulmonary</i>		How long <i>4 days -</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>T. P. W. Wilson</i>	
		Address <i>Churchton Ind</i>	
Accident or Suicide			



Name
in
Full

Sarat Jane Steele

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

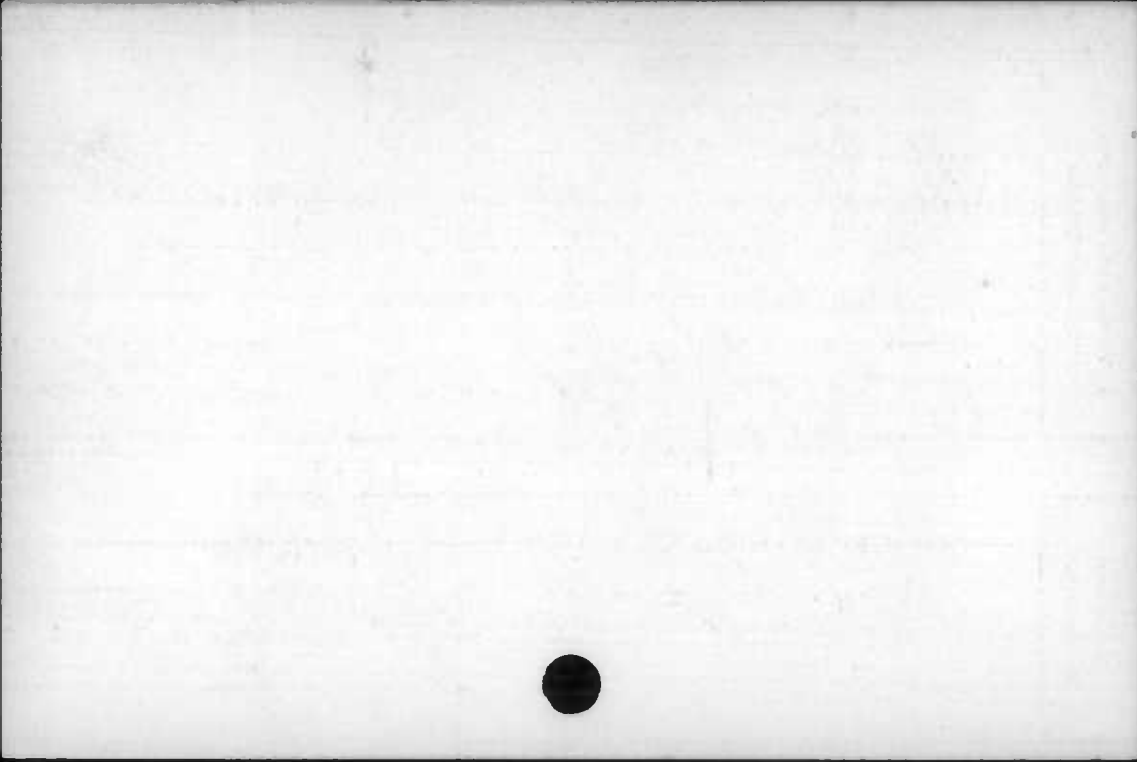
Died at <i>Burtin Bay</i> ^{Town}		County <i>a a</i>		MARYLAND	
Date of death <i>1900</i>	Month <i>2</i>	Day <i>5</i>	Age <i>60</i>	Years	Months
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Ohio</i>		
Occupation <i>Housewife</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>S. R. Steele</i>				
Father's Name <i>Allan Reed</i>	Father's Birthplace <i>Ohio</i>				
Mother's Maiden Name <i>Louisa Robinson</i>	Mother's Birthplace <i>Ohio</i>				
Name of person giving information <i>S. R. Steele</i>	How related to deceased <i>Husband</i>				

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Mitral Valvular Disease of Heart</i>	How long <i>8 yrs</i>
Immediate <i>Hæmorrhage of Brain</i>	How long <i>1 week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Chas. F. Brooke</i>
	Address <i>Brooklyn</i>
Accident or Suicide? <input type="checkbox"/>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Name John Dradon Stephens
Town Annapolis County St. Ann.

Died at Annapolis

Date of death 1940 Feb 17

Day

Age 1

Years

Months

Days

Sex Male
Occupation None

Color or Race Colored

Birth-place Annapolis

Where Residing if not at place of death

Married, Single or Widowed Single

Name of Wife or Husband None

Father's Name John Stephens

Father's Birthplace Unknown

Mother's Maiden Name Edith Johnson

Mother's Birthplace Buller Md

Name of person giving Information Edith Stephens

How related to deceased Mother

CAUSES OF DEATH

Primary Dementia

Immediate Meningitis

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

John Ridout
Annapolis Md

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

John Szuchnicki

Died at So. Balt. ^{Town} So. A. ^{County} MARYLANDDate of death 1910 ^{Month} Feb ^{Day} 12 ^{Years} 1 ^{Months} 7 ^{Days} —Sex Male Color or Race white Birth-place So. Balt., Md

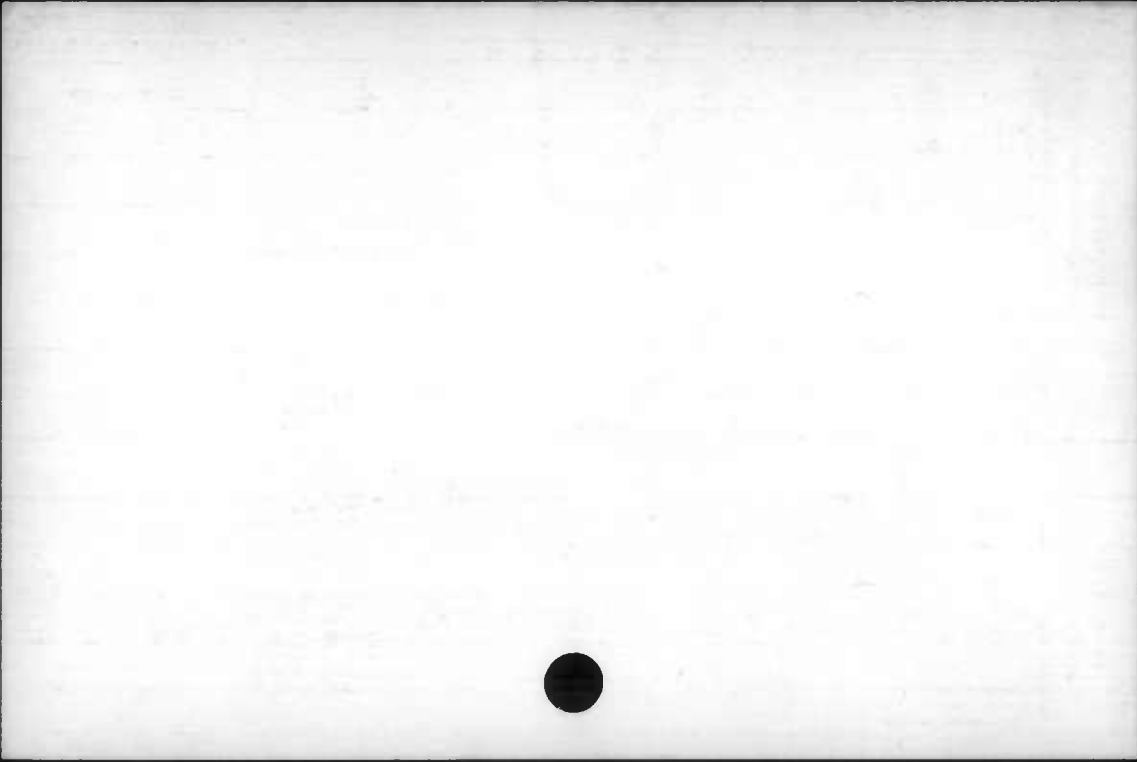
Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed — Name of Wife or Husband —Father's Name Balesloe Szuchnicki Father's Birthplace PolandMother's Maiden Name Jelifela Bearwoxy Mother's Birthplace PolandName of person giving Information Balesloe Szuchnicki How related to deceased Father

CAUSES OF DEATH

92

PHYSICIAN
OR CORONERPrimary Pneumonia How long one weekImmediate Exhaustion How long one dayAre the name, age, sex, color, date and place correctly given above? yesSignature of Physician W. B. Norton M.D.Address So. Balt., Md.Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

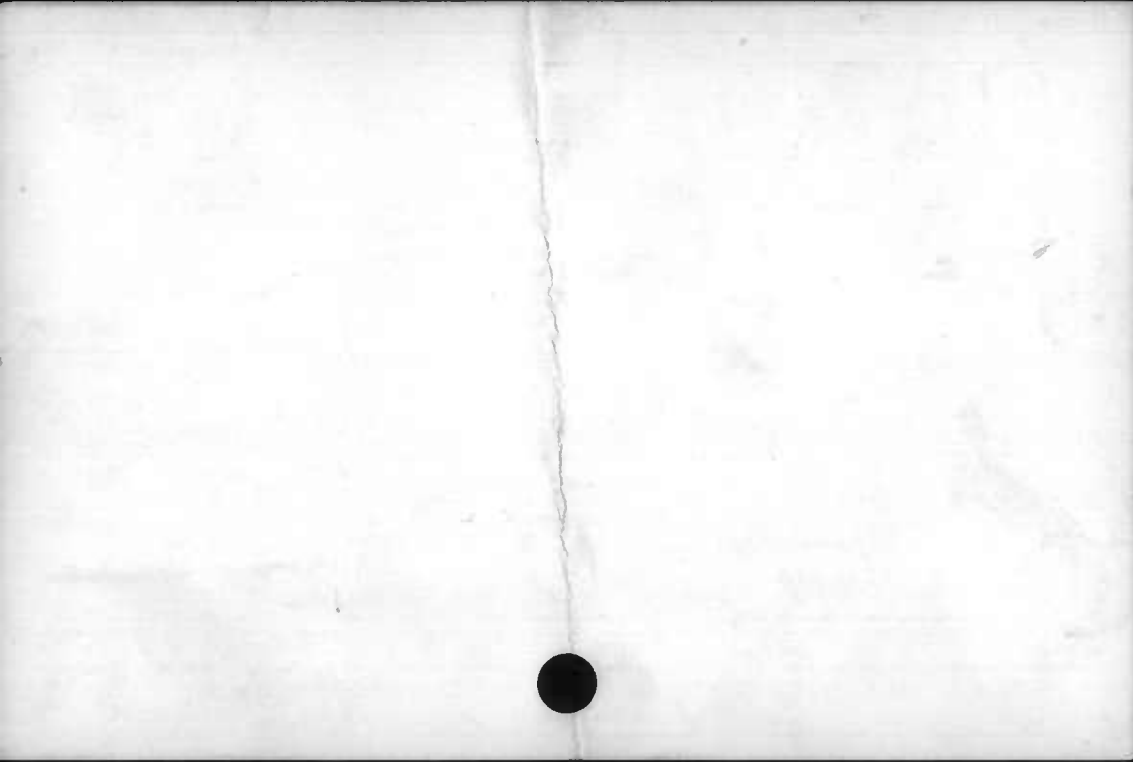
Died at <i>Salisbury</i>		Town <i>Salisbury</i>		County <i>a a</i>		MARYLAND	
Date of death <i>1960</i>	Month <i>Feb</i>	Day <i>7</i>	Age <i>61</i>	Years	Months	Days	
Sex <i>male</i>	Color or Race <i>white</i>	Birth-place <i>a a b o m d</i>					
Occupation <i>Oysterman</i>	Where Residing if not at place of death <i>Salisbury</i>						
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Joseph E. Tamer</i>						
Father's Name <i>James H. Tamer</i>	Father's Birthplace <i>Virginia</i>						
Mother's Maiden Name <i>Eliza Wooddow</i>	Mother's Birthplace <i>Virginia</i>						
Name of person giving Information <i>James H. Tamer Jr</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

120 ✓

PHYSICIAN
OR CORONER

Primary <i>Chronic Nephritis</i>	How long <i>7 or 8 years</i>
Immediate <i>Coma</i>	How long <i>24 hrs</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Maclane Lawrence</i>
Address <i>West River</i>	
Accident or Suicide <i>Neither</i>	



Name
in
Full

Mary Brooke Lane, Late
Town County

CERTIFICATE OF DEATH

MARYLAND

Died at Annapolis A. D.

Date of death 1900 Feb 9th Age 65

Months Days

Sex Female Color or Race White Birth-place Washington D. C.

Occupation House keeper Where Residing if not at place of death

Married, Single or Widowed Widow Name of Wife or Husband Robert W. Tate

Father's Name Charles E. Lane Father's Birthplace Maryland

Mother's Maiden Name Anne Elizabeth Rooker Mother's Birthplace Virginia

Name of person giving Information Anne Elizabeth Tate How related to deceased Daughter

CAUSES OF DEATH

Primary Carcinoma of Stomach How long 3 or 4 mos

Immediate General Anemia How long 3 weeks

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician J. Oliver Purvis

Address Annapolis, Md

Accident or Suicide no

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Rachael Anne Thomas

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at *Frederick Station a.c.*

Date

Month

Day

Years

Months

Days

of death 190

10 Feb

16

Age

68

Sex

Female

Color or
Race

Colored

Birth-
place

a.c.

Occupation

Domestic

Where Residing if not
place death

Frederick

Married, Single
or Widowed

widow

Name of Wife or
Husband

John Thomas

Father's
Name

Harry B. Thomas

Father's
Birthplace

a.c.

Mother's
Maiden Name

Unknown

Mother's
Birthplace

a.c.

Name of person giving
Information

Rev R. Thomas

How related
to deceased

Son

CAUSES OF DEATH

Primary

Cerebral Embolism

How long

12 hours

Immediate

Exhaustion from convulsions

How long

One hour

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

P. P. Thomas

Address

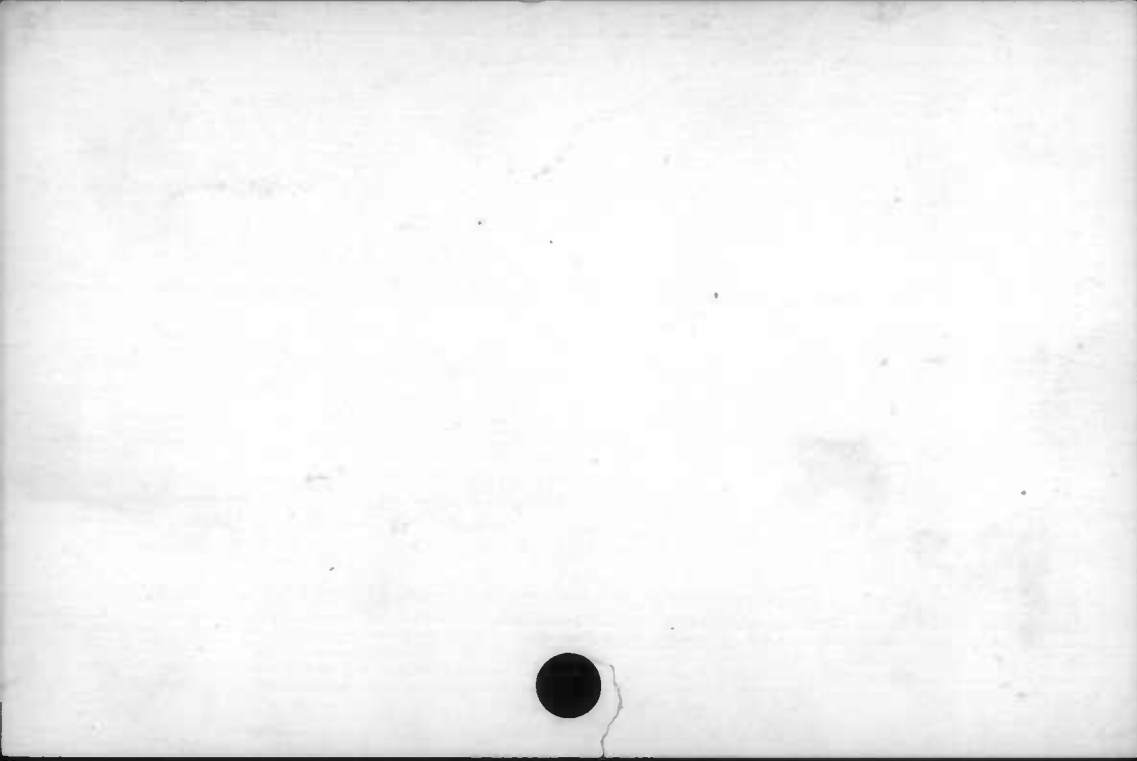
*600s Medical
Annapolis Md*

Accident or Suicide

no

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Stephan Trhlik* Town *So. Balto* County *a.c.*
 Died at *So. Balto* Maryland
 Date of death 19*10* Month *Feb* Day *3* Age *1* Years Months Days
 Sex *Male* Color or Race *white* Birth-place *So. Balto, Md.*
 Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____
 Father's Name *Adalbert Trhlik* Father's Birthplace *Bohemia*
 Mother's Maiden Name *Mary Kubick* Mother's Birthplace *Bohemia*
 Name of person giving Information *Adalbert Trhlik* How related to deceased *Father*

CAUSES OF DEATH

(93) 2

Primary *Pneumonia* How long *4 days*
 Immediate *Exhaustion* How long *one day*
 Are the name, age, sex, color, data and place correctly given above? *yes*
 Signature of Physician *J. B. Horton MD*
 Address *So. Balto, Md.*

PHYSICIAN
OR CORONER~~Accident or Suicide~~



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

(Still Born) Turner

Died at East Port Time Arrived

County

MARYLAND

Date of death 1900 Feb. 2nd Age

Month Day Year Months Days

Sex Female Color or Race Colored Birth-place East Port A.A. Ind

Occupation not given Where Residing if not at place of death East Port A.A. Ind

Married, Single or Widowed single Name of Wife or Husband not given

Father's Name Julius Turner Father's Birthplace A.A. Ind

Mother's Maiden Name Edy Thunt Mother's Birthplace A.A. Ind

Name of person giving Information Edy Thunt How related to deceased mother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Still Born, unknown How long

Immediate

Are the name, age, sex, color, data and place correctly given above? yes

Signature of Physician J. S. Turner

Address

Accident or Suicide no



Name
in
Full

CERTIFICATE OF DEATH

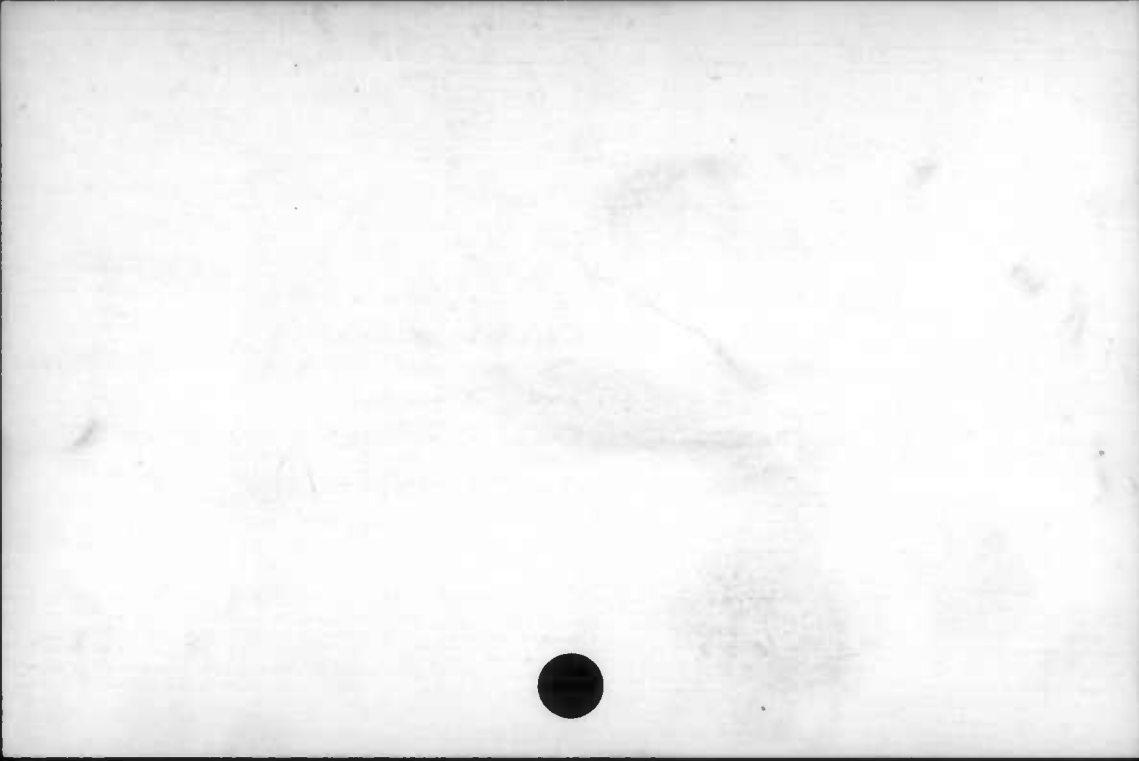
TO BE ANSWERED BY
NEAREST FRIEND

Name William Watts Town Jones Station County Anne Arundel MARYLAND
Died at Jones Station
Date of death 1908 Month July Day 6 Age 22 Years 22 Months 0 Days 0
Sex Male Color or Race Colored Birthplace Anne Arundel Co
Occupation Farm hand Where Residing if not at place of death Jones Station
Married, Single or Widowed Single Name of Wife or Husband Larrah Watts
Father's Name David Watts Father's Birthplace A.A.C.
Mother's Maiden Name Ann Day Mother's Birthplace A.A.C.
Name of person giving Information Horace Nitcher How related to deceased friend

CAUSES OF DEATH

Primary Pulmonic tuberculosis How long 2 months
Immediate hemorrhage How long 2 hrs
Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician D. P. Neece
Address 00 Cathedral St.
Annapolis Md
Accident or Suicide no

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Annie Wheeler* Town *Cast. Port* County *Anne Arundel* MARYLAND
Died at *Cast. Port*
Date of death *1900* Month *Feb.* Day *25* Age *About an hour* Years Months Days
Sex *Female* Color or Race *White* Birth-place *Cast. Port. A. A. Md.*
Occupation _____ Where Residing if not at place of death _____

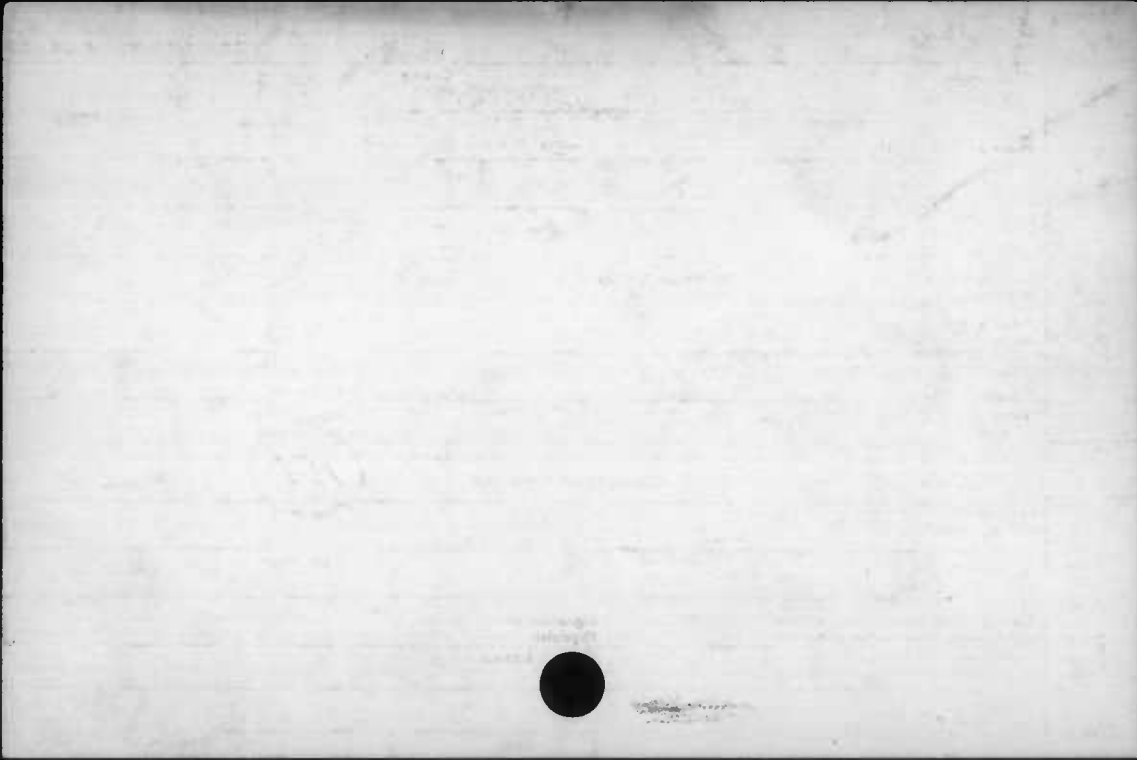
Married, Single or Widowed *Single* Name of Wife or Husband _____
Father's Name *John H. Wheeler* Father's Birthplace *A. A. Co. Md.*
Mother's Maiden Name *Mary C. Lewis* Mother's Birthplace *Annapolis Md.*
Name of person giving Information *John H. Wheeler* How related to deceased *Father*

CAUSES OF DEATH

151

PHYSICIAN
OR CORNER

Primary _____ How long _____
Immediate *premature birth 7 min* How long *90 sec*
Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Wm. Harrison*
Address *172 3rd St. Carlport Md.*
Accident or Suicide _____



Name
in
Full

Sidney Yealohall

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Shipley's</i> <small>Town</small>		<i>Anne Arnold</i> <small>County</small>		MARYLAND	
Date of death <i>1910</i>	<i>Feb</i> <small>Month</small>	<i>8</i> <small>Day</small>	<i>46</i> <small>Years</small>	<i></i> <small>Months</small>	<i></i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Anne Arnold Co</i>		
Occupation <i>Housewife</i>			Where Residing if not at place of death <i></i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i></i>			
Father's Name <i>Henry Yealohall</i>			Father's Birthplace <i>not known</i>		
Mother's Maiden Name <i>Unknown</i>			Mother's Birthplace <i>not known</i>		
Name of person giving information <i>Mrs Levi Harvey</i>			How related to deceased <i>Sister</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Phlebitis</i>	How long	<i>6 months</i>
Immediate	<i>Phlebitis</i>	How long	<i>6 months</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Thomas A. Drayton</i>	
<i>yes</i>		Address <i>Gen Buncie Md</i>	
Accident or Suicide?			



Name
in
Full

Edward Lazyski

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at So. Balto ^{Town} AN ^{County} MARYLAND

Date of death 1910 ^{Month} Feb ^{Day} 28 ^{Years} — ^{Months} — ^{Days} 14

Sex Male Color or Race white Birth-place So. Baltg, Md

Occupation — Where Residing if not at place of death —

Married, Single or Widowed — Name of Wife or Husband —

Father's Name Bolashy Lazyski Father's Birthplace Russia

Mother's Maiden Name Rose Lazyski Mother's Birthplace Russia

Name of person giving Information Bolashy Lazyski How related to deceased Father

CAUSES OF DEATH

103

PHYSICIAN
OR CORONER

Primary Indigestion How long Unknown

Immediate Convulsions How long 2 hours

Are the name, age, sex, color, data and place correctly given above? yes

Signature of Physician H. B. Horton MD

Address So. Baltg, Md

Accident or Suicide

10. 2. 1861